

Resource II: In Case of Emergency Form¹

Today's Date: _____

CHILD'S INFORMATION		
Name:	Nickname:	
Birth Date:	Primary Language/Communication:	
Parent(s)/Guardian(s):	Relationship:	Home #: Other #s:
Previously Diagnosed Chronic Conditions:		
Medications	Dose	Time
Allergies:		
Emergency Contact:	Relationship:	Phone #s:
PHYSICIAN INFORMATION		
Primary Doctor:	Phone:	Fax:
Specialist:	Phone:	Fax:
Specialist:	Phone:	Fax:
Insurance:		
HOSPITAL INFORMATION		
Name: Address:	Phone: ER Phone:	
PHARMACY INFORMATION		
Name: Address:	Phone:	
OTHER		
Most Important Things to Know About Child in an Emergency:		

¹ Adapted from the Washington State Department of Health and Seattle Children's Hospital Center.