In Case of Emergency

Today's Date: _____ **Clear Form Entries**

Your Name:	**Nickname:**	
Birth Date:	**Primary Language/Communication:**	
Home Address:		
Parents/Guardians:	**Relationship:**	**Home #:** **Other #'s:**
Diagnosis:		

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 Me in an Emergency:

Seattle Children's HOSPITAL • RESEARCH • FOUNDATION

Center for Children with Special Needs
www.cshcn.org

Washington State Department of Health

Center 2008