

In Case of Emergency

Today's Date: _____

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:		Phone:	
Address:		ER Phone:	
PHARMACY INFORMATION			
Name:		Phone:	
Address:			
OTHER			
Most Important Things to Know About Me in an Emergency:			

For an electronic version of this form visit www.cshcn.org/planning-record-keeping/care-plans-parents/parents-create-care-plan



Seattle Children's
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Center for Children
with Special Needs
www.cshcn.org

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