

## APPENDIX B

### Emergency Information Form for Students with Special Needs

Last name: \_\_\_\_\_

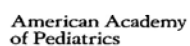
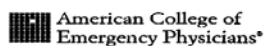
Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary Care Physician:		Emergency Phone:	
		Fax:	
Current Specialty Physician:		Emergency Phone:	
Specialty:		Fax:	
Current Specialty Physician:		Emergency Phone:	
Specialty:		Fax:	
Anticipated Primary ED:		Pharmacy:	
Anticipated Tertiary Care Center:			

### Diagnoses/Past Procedures/Physical Exam

1. _____	Baseline physical findings: _____
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs: _____
_____	_____
Synopsis: _____	_____
_____	Baseline neurological status: _____
_____	Blood Type: _____

\*Consent for release of this form to health care providers



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## Diagnoses/Past Procedures/Physical Exam *(Continued)*

Medications/Dosages:	Significant baseline ancillary findings (lab, x-ray, ECG):
1.	
2.	
3.	Prostheses/Appliances/ Technology Devices:
4.	
5.	

### Management Data:

Allergies: Medications/Foods to be avoided	and why:
1.	
2.	
3.	
Procedures to be avoided	and why:
1.	
2.	
3.	

### Immunizations (mm/yy)

Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis:

Indication:

Medication and dose:

### Common Presenting Problems/Findings With Specific Suggested Managements

Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature: _____
Print Name: _____

## APPENDIX C

Laminate this card and affix it to a lanyard for the special needs student to wear during an emergency.

Emergency Medical Information Card	
Student Name:	Photo:
School: Grade :	
School Phone:	
Medical Condition:	
Parent/Guardian:	Home Phone:
Home Address:	Work Phone: Cell Phone:
Parent:/Guardian:	Home Phone:
Parents are responsible for updating the student's emergency information and medications.	

 **FRONT**

 **cut or fold here**

**BACK**



Emergency Medical Information Card	
Student Name:	Birth date:
Blood Type:	Allergies:
Physical Limitations:	
Communication Difficulties:	
Adaptive Equipment::	
Primary Care Physician:	Emergency Phone:
Specialty Physician:	Emergency Phone:
Insurance Company :	Policy Number:
Medications	Dosages/Frequency