

APPENDIX B

Last name:

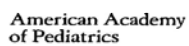
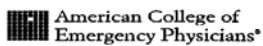
Emergency Information Form for Students with Special Needs

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



Form Courtesy of: © American College of Emergency Physicians and American Academy of Pediatrics. Permission to reprint granted with acknowledgment.

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