



medical information for:

DATE

information sheet for

PLACE PICTURE OF CHILD HERE

child's name

DATE DEVELOPED

IT IS VERY IMPORTANT TO KEEP INFORMATION ABOUT YOUR CHILD AND HIS/HER SPECIAL NEEDS HANDY IN THE EVENT OF A DISASTER. FILL THIS SHEET OUT, ATTACH A PICTURE OF YOUR CHILD, AND PUT IT IN A ZIP LOCK BAG IN THE FREEZER. UPDATE EVERY 6 MONTHS OR AS NECESSARY. The freezer is an easy place to store these items where they will be remembered and are not likely to get lost. You may also wish to keep other important papers in the same place, such as prescriptions for medication, home owners policy, copies of birth certificates, your will, or copies of medical records. They must be in a zip lock bag to prevent damage! If you must leave your home due to a disaster or emergency, just grab the bag out of the freezer and take it with you.

about my child

NAME		NICKNAME	
BIRTHDATE	AGE	SEX	SOCIAL SECURITY NUMBER
PARENT NAME		HOME PHONE	
HOME ADDRESS	CITY	STATE	ZIP
WORK ADDRESS		WORK PHONE	
ADDITIONAL EMERGENCY CONTACT PERSON		NAME	RELATIONSHIP PHONE
MEDICAID NUMBER			
CHILD'S DIAGNOSIS			
CHILD'S DIAGNOSIS			
ASSOCIATED PROBLEMS			
ASSOCIATED PROBLEMS			
ALLERGIES/ADDITIONAL INFO			
ALLERGIES/ADDITIONAL INFO			
ALLERGIES/ADDITIONAL INFO			
SPECIAL DIET			
MEDICATION	DOSAGE	MEDICATION	DOSAGE
MEDICATION	DOSAGE	MEDICATION	DOSAGE
EQUIPMENT/SUPPLIES		SETTINGS/AMOUNT	
EQUIPMENT/SUPPLIES		SETTINGS/AMOUNT	
PHARMACY	PHONE	EQUIPMENT DEALER	PHONE
PRIMARY CARE PHYSICIAN	PHONE	DENTIST	PHONE
SPECIALIST	PHONE	SPECIALIST	PHONE
THERAPIST	PHONE	THERAPIST	PHONE

more about my child

INSURANCE COMPANY

POLICY NUMBER

ADDRESS

PHONE

SCHOOL

PHONE

ADDITIONAL INFORMATION



important phone numbers

Poison Control

County Emergency Management

Area Red Cross

Home Insurance

Sheriffs Office (non emergency)

Others

For more INFORMATION on resources in your community contact: