Emergency Information for:	Diagnosis	Doctor's Information	Most Important Things to Know About Me in an Emergency
Name:	_ Diagnosis:	Main Doctor:	3.3
Today's Date (mm/dd/yy):		Phone: Fax:	
Birth Date (mm/dd/yy):	Medications: Dose Time	Specialty Doctor: Fax:	
Primary Language:	-	Specialty Doctor: Fax:	
Address:	-		
	-	Hospital: ER:	
Parents/Guardians Phone Numbers H:	Allergies:	Pharmacy:Phone:	
W: C:	_	Insurance:	
H: W: C:	Emergency Contact – Relationship/Phone#		Copies of this form are available at http://cshcn.org
S	-		,

Directions:

- 1. Fill in and/or print form
- 2. If you have Acrobat Reader 8.0 or higher, you may save this PDF for future edits (visit Adobe's site to download the newest version of Acrobat Reader)
- 3. Cut on heavy dashed lines
- 4. Fold on dotted lines to fit in wallet



