



Effective Date _____

Emergency Planning Medical Form

Emergency Information

Child's Name:	Sex: Male	Female	Other
Birth Date:	Approximate Weight:	lb	Kg
Address:			
Emergency Contact 1:	Relationship:	Phone #:	
Emergency Contact 2:	Relationship:	Phone #:	
Hospital Facility Preference:			
Subspecialty Care Provider:	Specialty:	Phone #:	
Primary Care Provider:	Phone #:		
Child-Specific Emergency Instructions/Protocols: Yes/No		*If yes, see paperwork*	
Presence of DNR/Limitations: Yes/No		*If yes, see paperwork*	

Allergies

Allergies and Reactions:

Diagnoses

Describe Child's Medical Diagnoses:

Medications

Current Medications:

If you have questions about this form, contact Dr. Michael K. Kim, Associate Professor of Emergency Medicine and Pediatrics, University of Wisconsin-Madison, (mkkim@medicine.wisc.edu)

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Medical Equipment

List Any Medical Equipment (Settings, Sizes, etc.):

Things to Avoid

Procedures, Words, Noises, Positions:

Comforting or Calming Things

Objects, Words, Sounds, Songs, Medications:

Anything that may help in case of an emergency

This form must be completed and submitted by the parent/legal guardian of the child.

Permission to share your child's information with (name of school district) and (name of EMS agency/organization), and any hospital destination in case of an emergency.

Signature: _____ Date: _____

Print Name: _____ Relation: _____

By consenting to share your child's information with the above school district and EMS agency, you also consent to the information being shared with additional EMS agencies and air ambulances (e.g., Med Flight, Spirit, Flight For Life) if necessary during emergency situations.

Additional Forms Included (check all that apply)

_____ Emergency Care Instructions _____ DNR Form _____ Medication List _____ Other

If you have questions about this form, contact Dr. Michael K. Kim, Associate Professor of Emergency Medicine and Pediatrics, University of Wisconsin-Madison, (mkkim@medicine.wisc.edu)