ED Information

For EMT or ED personnel

Child's SSN _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Insurance

Company _____

Policy # _____

Policyholder Name _____ Group # _____

Primary Care Doctor _____

Practice _____

Address _____

Phone _____ Fax _____ Email _____

Diagnoses

_____

_____

_____

Medications

Name	Strength	Dosage	Frequency	Time Last Given

Allergies _____

_____

Baseline Data

Pulse rate _____ Site best taken _____

BP _____ Site best taken _____

Temp _____ Site best taken _____

Resp rate/minute _____

Oxygen saturation _____

Skin color _____

Best blood draw site _____

Pupils _____

Communication

Preferred method _____ Language _____

How child expresses pain _____

These things can upset or overstimulate my child (loud noises, bright lights, medical equipment, separation from parents/special item, touch, etc.)

_____

_____

_____

_____

These things can help calm my child _____

_____

_____

_____