



PERRYSBURG TOWNSHIP FIRE & EMS

26711 Lime City Road

Perrysburg, OH 43551

Phone: (419) 872-8879 Fax: (419) 887-6937

Email: fire@perrysburgtownship.us

EMERGENCY INFORMATION FORM for CHILDREN WITH SPECIAL NEEDS

Name:	DOB: __/__/____	Nickname:
Home Address:	City:	State:
Parent/Gaurdian:	Phone: () _____ - _____	
Patient Primary Language:	Parent/Gaurdian Primary Language:	

Communication Level: <input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal	Hear	Able to Speak: <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to Walk: <input type="checkbox"/> Yes <input type="checkbox"/> No		Legally Blind: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Cognitive/Mental Difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Any Sensory Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Can he or she be Understood by Others: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Can he or she Understand Others: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____		
Does Anything in Particular Upset or Overstimulate your Child: _____		

Primary Care Physician:	Phone #:			
Specialist #1:	Specialty:	Phone #:		
Specialist #2:	Specialty:	Phone #:		

Anticipated Emergency Room:

Baseline Neurological Status:				
Baseline Vitals: Temp: _____	Resp: _____	Pulse: _____	BP: _____	Pulse Ox: _____
Baseline Physical Findings:				

Diagnosis:	
1	
2	
3	
4	

#	Medications:	Dosage	Route	Frequency
1				
2				
3				
4				
5				
6				
7				
8				

Allergies:



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EMERGENCY INFORMATION FORM for CHILDREN WITH SPECIAL NEEDS

Special Technologies/Devices

- Nebulizer Tracheostomy Ventilator Pacemaker AICD
 Gastrostomy Tube or Button Size: ____ Ventricular Peritoneal Shunt
 Dialysis Shunt Location: _____ Ostomy Stoma Vagal Nerve Stimulator
 Other:

Special Equipment Use to Care for this Child

- Continuous Oxygen (Rate and Route):
 Ventilator (Settings):
 Bag Valve, Size: With Mask, Mask Size: Trach Tube, Size:
 Suction Catheter, Size: Vascular Access, Site & Size:
 Other:

Treatments, Procedures, and Medications to be Avoided

Treatment, Procedure, or Medication	Why?
1	
2	
3	
4	
5	

Common Problems with Suggested Medical Management

1
2
3

Other Comments

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Completed by: _____

Date: _____

Physician/Provider Signature: _____

Date: _____

Updated: _____