



Emergency Information Form for Children With Autism Spectrum Disorders

Today's date	
Your name	
Do you CONSENT to the release of this form to health care professionals?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this a new form or an update?	

Information About the Child			
Child's name		Primary address	
Birth date		City, state, zip	
Patient's nickname		Primary language	
Primary means of communication		Does he/she wear a medical ID bracelet?	
Parent/guardian #1		Parent/guardian #2	
Phone number		Phone number	
Emergency contact		Emergency contact	

Providers & Facilities			
Care Provider	Provider's Name	Specialties	Office Number, Fax, and E-mail
Primary care			
Specialist 1			
Specialist 2			
Specialist 3			
Specialist 4			
Specialist 5			
Others			
Primary pharmacy (branch, phone, other)			
Anticipated primary emergency department (name, phone, other)			
Anticipated tertiary care center (name, phone, other)			

Clinical Information/Management Data	
Diagnoses/past procedures (list all), starting with most important	1
	2
	3
	4
Baseline physical findings	
Baseline vital signs	
Most recent height and weight (including date)	
Baseline neurologic status	
<i>Description of cognitive/developmental age for</i>	
	Receptive language
	Expressive language
Description of cognitive skills	
Description of gross motor skills	
Description of fine motor skills	
Comfort items	
Does he/she wander off? If so, to where? Describe.	

Medications	Significant Laboratory Results (eg, blood tests, x-ray, ECG)
1	1
2	2
3	Technology Devices (eg, communication aids)
4	1
5	2

Allergies: Medications/Food to Be Avoided & Why	Procedures to Be Avoided & Why
1	1
2	2
3	3
4	4

Immunizations (mo/y)			
DPT dates		Varicella status	
DTaP dates		Hep B dates	
OPV or IPV dates		Hep A dates	
MMR dates		Meningococcal	specify which one if possible
Hib dates		TB status	
Pneumococcal-7		HP virus	
Pneumococcal-13		Influenza	
Rotavirus		Tdap	
Other		Other	

Comments on child, family, or other specific medical issues	
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Physician/Provider Signature	Printed Name

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Autism: Caring for Children With Autism Spectrum Disorders: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2013 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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