

Emergency Care and Special Care Information

Child's Name _____

Child's Provider for Medical Care: _____

Address _____

Phone No. _____

Child's Provider for Dental Care: _____

Address _____

Phone No. _____

Child's Health Insurance

Name of Insurance Plan: _____

Subscriber's Name (on insurance card): _____

The section below is to be completed by parents/guardians of children with:

- **Known medical or developmental problems or conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions.)**
- **Conditions that require regular medication or technology support.**

Medical or Development Problem/Condition _____

What emergency or unusual episode might arise while the child is in care? _____

How should the situation be handled?

CONTINUE ON BACK IF MORE SPACE IS NEEDED.