

Dear Paren/Caregiver:

Children and adults with Prader-Willi syndrome have unique medical histories and sometimes require very special medical treatment. If an emergency personnel do not have access to this important information, these children and adults are in danger of delayed treatment, unnecessary tests, and even serious errors. It is extremely important, then, that parents and physicians work together to give emergency providers access to the special information they need to properly care for the child.

To address this problem, the American Academy of Pediatrics and the American College of Emergency Physicians have developed the Emergency Information Form. This form can help you record health information for your child and should kept in many places for doctors and emergency medical people.

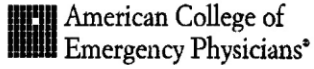
To complete this form, follow these easy instructions:

1. **DOWNLOAD THE FORM:** It is part of this file.
2. **FILL IT OUT:** Fill out the form as best you can. Take the form to the child's doctor or primary care provider. Ask them to help you with the form.
3. **KEEP IT:** Keep 1 copy of the form in each of the following places:
 - a. **DOCTORS:** On file with each of the child's physicians, including specialists.
 - b. **HOME:** At the child's home in a place where it can be easily found, such as on the refrigerator.
 - c. **VEHICLES:** In each parent's vehicle (i.e., glove compartment).
 - d. **WORK:** At each parent's workplace.
 - e. **PURSE/WALLET:** In each parent's purse or wallet.
 - f. **SCHOOL:** On file with the child's school, such as in the school nurse's office.
 - g. **CHILD'S BELONGINGS:** With the child's belongings when traveling.
 - h. **EMERGENCY CONTACT PERSON:** At the home of the emergency contact person listed on the form.
5. **UPDATE:** It is very important that you update the form every year or after any of the following events:
 - a. Important changes in the child's condition.
 - b. The performance of any major procedure.
 - c. Important changes in the treatment plan, such as changes in medications.
 - d. Changes in doctors.

***INCLUDE THE PWSA (USA) MEDICAL ALERTS BOOKLET OR MEDICAL ALERT HANDOUTS WITH EACH FORM**

Emergency Information Form for Children With Special Needs

Last name:



American Academy of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary care physician:	Emergency Phone:		
	Fax:		
Current Specialty physician:	Emergency Phone:		
Specialty:	Fax:		
Current Specialty physician:	Emergency Phone:		
Specialty:	Fax:		
Anticipated Primary ED:	Pharmacy:		
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam:	
1. _____	Baseline physical findings:
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs: Baseline Temperature
_____	_____
4. _____	_____
_____	_____
Synopsis:	_____
_____	Baseline neurological status:
_____	_____

Last name:

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	Prostheses/Appliances/Advanced Technology Devices:
5. _____	_____

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____
Procedures to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____

Immunizations (mm/yy)																	
Dates						Dates											
DPT						Hep B											
OPV						Varicella											
MMR						TB status											
HIB						Other											
Antibiotic prophylaxis:						Indication:						Medication and dose:					

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

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