

Medications

Baseline Vital Signs

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Heart Rate:

Blood Pressure:

Resting Respirations:

Pulse Oximetry:

ALLERGIES:

- 1.
- 2.
- 3.

Baseline Neurological Status/ Baseline Physical Findings

What is your child's baseline neurological status? If your child has any developmental delays or behavioral issues, please explain them. Please list any other information about your child that you feel would help paramedics assess your child.

Does your child have any physical findings such as muscle weakness, tremor, tic, wheezing or lung congestion that is considered a normal finding for him or her? If so, please explain below.



Special Needs Tracking, Awareness and Response System



Name:
DOB:

Diagnosis/ Past Procedures

Address:
Parent/ Guardian:
Phone#
Alternate Emergency contact:
Preferred Hospital:
PCP:
Specialist:
Signature of Person Completing this Form

Procedures that should be avoided or performed with caution and why:

Common Emergencies
(Please include any known specific findings or effective management)

- 1.
- 2.
- 3.
- 4.