



## Medical Information:

### Diagnoses:

Diagnosis:	
Notes:	

Diagnosis:	
Notes:	

Diagnosis:	
Notes:	

Diagnosis:	
Notes:	

Diagnosis:	
Notes:	

Diagnosis:	
Notes:	

**Medications:** List all medications your child is currently taking, including dosage and frequency.

Medication:	Dosage:	Frequency:
Notes:		

Medication:	Dosage:	Frequency:
Notes:		

Medication:	Dosage:	Frequency:
Notes:		

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**Allergies:** Please indicate any allergies your child has, including food allergies, environmental allergies, and medication allergies.

Allergen:	Reaction:
Notes:	

Allergen:	Reaction:
Notes:	

Allergen:	Reaction:
Notes:	

**Assistive Devices/Durable Medical Equipment:** List any assistive devices or durable medical equipment your child uses regularly.

Device/Equipment:	
Notes:	

Device/Equipment:	
Notes:	

Device/Equipment:	
Notes:	

**Online Medical Portal Information:** provide login credentials for any online medical portals related to your child's healthcare.

Medical Portal URL:	
Username:	Password:
Notes:	

Medical Portal URL:	
Username:	Password:
Notes:	

**\*Note:** Remember You are providing vital information that will assist alternate caregivers and professionals who may engage in providing care for your child. Please keep this document updated and easily accessible. If there are any changes to your child's medical information, diagnoses, medications, or other relevant details, please remember to update this form accordingly.

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## 2 Minute Drill: Emergency Information

In an emergency, it is crucial for caregivers, medical personnel, and first responders to access essential information about your child. This "2 Minute Drill" form is designed to provide high-level health and safety information in a concise, easy to share format.

Parent/Guardian Name:	
Child's Name/Nickname:	
Date:	

### Child's Diagnosis(es):

Diagnosis:	
Notes:	
Diagnosis:	
Notes:	
Diagnosis:	
Notes:	

### Medications:

Medication:	Dosage:	Frequency:
Notes:		
Medication:	Dosage:	Frequency:
Notes:		
Medication:	Dosage:	Frequency:
Notes:		

### Allergies:

Allergen:	Reaction:
Notes:	
Allergen:	Reaction:
Notes:	
Allergen:	Reaction:
Notes:	

### Emergency Contact Information:

Primary Contact:	
Relationship:	Phone:
Secondary Contact:	
Relationship:	Phone:

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**Preferred Hospital/Medical Facility:**

Name:
Address:
Phone:

**Communication Considerations:**

Preferred Communication Method:
Any Communication Challenges:
Emergency Communication Plan:

**Special Instructions:** Any specific instructions for first responders or medical personnel:

**Additional Information:** Any other relevant information that would assist in your child's care:

***\*Note:** By completing this "2 Minute Drill" form, you are helping ensure that your child receives appropriate care during emergency situations. Keep this form easily accessible, preferably near your child's medical supplies or on the refrigerator. Regularly review and update the information provided on this form. Inform caregivers, family members, and school personnel about the existence and location of this form.*

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