



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.

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|------------------------|--|
| 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: | | |
| 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: |

Preferred Hospital/Medical Facility:

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| Name: |
| Address: |
| Phone: |

Communication Considerations:

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|---------------------------------|
| 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.