

EMERGENCY CONTACT INFORMATION

Local Emergency Services: _____
(phone number)

General

Child's name: _____ Birthdate: _____

Language spoken at home: _____

Weight: _____ Height: _____ Date measured: _____

Weight: _____ Height: _____ Date measured: _____

Brief Medical History:

Briefly describe what your child is usually like...how active, how aware of surroundings, physical differences that are typical for your child (such as noisy breathing)

Legal Guardians:

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone: _____



Cristine M. Trahms Program for Phenylketonuria
University of Washington - CHDD - Box 357920, Seattle, WA 98195

(206) 598-1800, Toll Free in Washington State 877-685-3015
<http://depts.washington.edu/pku>

EMERGENCY CONTACT INFORMATION -CONTINUED

Current Medications (Name of medication, dose, time given)

1. _____
2. _____
3. _____
4. _____

Primary Health Care Provider:

Name: _____ Phone: _____

Primary Hospital:

Name: _____ Phone: _____

Address: _____

Specialty Health Care Providers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



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