My Emergency Management Plan

911 Script	

Date of Completion	
Advanced Directive/Code Status	
Child's Name	
Date of Birth	

Parent/Guardian	
Signature/Consent	
Primary Language	
Emergency Contact	
Phone Numbers	

My Emergency Management Plan (Page 2)

My Medical Providers	
Primary Care Provider	
Primary Care Emergency Contact	
Specialist Provider and Role	
Specialist Emergency Contact	
Anticipated/Preferred Emergency Room	
Anticipated/Preferred Hospital	

My Common Past Problems and Concerns	
Problem or Concern	
Past Helpful Testing	
Previous Recommendations	

My Emergency Management Plan (Page 3)

My Lines, Appliances, Drains, Tubes

My Transportation Needs and Positioning Restrictions

My Pain Management Plan

My Diagnosis, Treatment, and Follow-Up Plan