


Safe Kids Healthy Kids Happy Kids

Brought to you by 

If your child is ever ill or injured and requires emergency care, doctors, nurses, and paramedics will have many questions about his or her medical history. It is important to keep a complete record of your child's health information nearby. This information may help a medical professional make quicker decisions during an emergency, when each second counts.

Health History & Information

Name: _____ Date of Birth _____

Parent/Guardian Name(s): _____

Child's doctor: _____ Phone: _____

Child's dentist: _____ Phone: _____

Medicines currently taking: (name of medicine and dose)

name _____	dose _____
name _____	dose _____
name _____	dose _____

Past hospitalizations:

reason for hospitalization _____	date _____
reason for hospitalization _____	date _____

Illnesses (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> heart murmur |
| <input type="checkbox"/> epilepsy/seizures | <input type="checkbox"/> cancer |
| <input type="checkbox"/> ear infections/ tubes | <input type="checkbox"/> migraines |
| <input type="checkbox"/> hemophilia | |
| <input type="checkbox"/> other: _____ | |

Allergies (check all that apply)

- | |
|---|
| <input type="checkbox"/> medicines (specify): _____ |
| <input type="checkbox"/> food (specify): _____ |
| <input type="checkbox"/> animals (specify): _____ |
| <input type="checkbox"/> insects (specify): _____ |
| <input type="checkbox"/> plants (specify): _____ |
| <input type="checkbox"/> other: _____ |

Past injuries (check all that apply)

- | |
|--|
| <input type="checkbox"/> dislocation: _____ |
| <input type="checkbox"/> sprain: _____ |
| <input type="checkbox"/> fracture: _____ |
| <input type="checkbox"/> ligament/tendon: _____ |
| <input type="checkbox"/> plants (specify): _____ |
| <input type="checkbox"/> other: _____ |

Other health conditions

(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> fainting | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> hearing impaired | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> glasses | <input type="checkbox"/> sickle cell anemia |
| <input type="checkbox"/> contact lenses | <input type="checkbox"/> motion sickness |
| <input type="checkbox"/> other _____ | |

Immunizations are up-to-date: yes no

Call the Parent Help Line. We listen. We can find you help.
1-217-544-5808 or 1-888-727-5889 from 10 a.m. to 10 p.m., 7 days a week
or log onto www.parenthelpline.org