



Emergency Plan

In the event of a serious emergency, call 911. For a non-life-threatening situation that requires action, please follow these instructions:

Important information regarding my child:

Child's Name: _____ Date of Birth: _____

Child's Heart Condition: _____

Surgeries for the Condition: _____

Child's Normal Blood Oxygen Saturation: _____

Other Medical Conditions: _____

Allergies: _____

Other: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

(Please Circle or Highlight which number to call first)

Primary Care Doctor: _____ Phone: _____

Cardiologist: _____ Phone: _____

Other Specialist: _____ Phone: _____

Insurance Company: _____ Policy # _____

Preferred Hospital: _____

If parent/guardian cannot be reached, call: _____

Relationship: _____ Phone: _____

Things to look for in my child that would indicate the need for medical attention: _____



Emergency Plan

Medication Name	Dose Prescribed	Times Given

Medication Allergies: _____

Other important information you should know about my child: _____
