

# EMERGENCY INFORMATION FOR CHILD

**Parent:** Please attach recent photo of child.  
For additional copies of this form, visit [Diono.com](http://Diono.com)

## ATTN: EMT or Attending Caregiver

This information is intended only  
to provide additional specifics about  
the child. This information should NOT  
dictate or influence procedures  
for any required medical attention.

### Child Passenger Information:

Name: \_\_\_\_\_ Male / Female

Date of birth: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Known medical allergies: (*i.e., penicillin, latex, etc.*) \_\_\_\_\_

Known medical conditions: (*i.e., asthma, etc.*) \_\_\_\_\_

Known medications: \_\_\_\_\_

Known food allergies: (*i.e., peanuts, strawberries, etc.*) \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Tel 1: \_\_\_\_\_ Tel 2: \_\_\_\_\_

Name: \_\_\_\_\_ Tel 1: \_\_\_\_\_ Tel 2: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Tel: \_\_\_\_\_