Special Needs/Equipment (Necesidades especiales/equipo)

❒ Feeding pump (bomba de aleimentacion)
❒ Wheelchair (silla de ruedas)
❒ Pulse Oximeter (oximetro)
❒ Apnea Monitor (monitor de apnea)
❒ Suction Machine (maquina de succion)
❒ Gastrostomy Tube (tubo gastronomico)
❒ Oxygen (oxigeno)
❒ NG/NJ Tube (tubo nasogastrico)
❒ Tracheostomy (traqueotomia) Size/type: (medida/marca) _____
❒ Ventililator (ventilador) Type/mode (marca/moda) _____

Any Other Information for Emergency Responders (Otra informacion de emergencia)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Primary Care Physician: (medico de atencion primaria): _____

Phone: _____
Specialists or other services involved in your child's care (especialistas): _____

_____
_____
_____
_____

Instructions for utilizing the CSHCN Emergency Information Sheet

- Register – go to https://health.utah.gov/chirp/?user_type=parent_guardian
  Fill out the form, and your child will be registered. You will receive the storage tube in the mail.
- Update when there are changes in your child's health, medications, contacts, etc.
- Complete this form and keep one copy in the following places. This will give your child the best possible outcome in an emergency situation.
  - Doctor's office
  - Home: inside the refrigerator in a tube provided once you register at the website
  - At each parent's workplace
  - On file at School
  - Emergency contact: at the house of that person
  - Local ER
  - In each parent's vehicle
  - Purse/wallet of each parent
  - Child's backpack/travel bags

This form was provided by the Utah Department of Health Children's Health Information Red Pack (CHIRP) program.

Last Updated: _____
Name: _____