

## FOR MY CHILD WITH SPECIAL HEALTHCARE NEEDS

Primary healthcare provider: \_\_\_\_\_

Important specialists for emergencies:

Pharmacy: \_\_\_\_\_

Durable medical equipment companies (CPAP, feeding pump, etc.):

Case worker/social worker: \_\_\_\_\_

Preferred local emergency room/hospital: \_\_\_\_\_

My child's medications:

My child's allergies: \_\_\_\_\_

Other important phone numbers: