



In order to assure all medical information concerning your child is current, please update this form as to any changes to your child's medical history; including medications, hospitalizations etc.

Child's Name:		DOB:	Male	Female
Home Address:			Apt/Unit:	
City:		State:	Zip Code:	
Your Name:		Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Emergency Contact Person:			Phone Number:	
Emergency Contact Person:			Phone Number:	

PHYSICIAN INFORMATION	
Primary Care Physician:	Phone:
	Fax:
Current Specialty Physician:	Phone:
	Fax:
Additional Physician:	Phone:
	Fax:

HOSPITAL INFORMATION
At Which Local Hospital Emergency Department Has This Child Been Evaluated and Treated Most?
Emergency Department:
If Hospitalization Is Required; At Which Hospital Has Your Child Received Care For His/Her Condition?
Hospital of Choice:

In the event of an Emergency Medical situation, the responding Paramedics will make every attempt to transport your child to the facility of your choice. However, in a true life-threatening emergency, the Paramedics will transport your child to the closest appropriate pediatric facility.

CHILD MEDICAL HISTORY
Current Diagnosis:
Does the Child Have Advanced Technology Devices? If so, what type?



Are there any Emergency Medical procedures that must be avoided?

Procedure:	Why:
Procedure:	Why:
Procedure:	Why:

MEDICATIONS

Medication:	Dosage:
Medication:	Dosage:
Medication:	Dosage:
Medication:	Dosage:
Medication:	Dosage:
Medication:	Dosage:

MEDICATION ALLERGIES

Allergic to:	Allergic to:
Allergic to:	Allergic to:
Allergic to:	Allergic to:

FOOD ALLERGIES

Allergic to:	Allergic to:
Allergic to:	Allergic to:

OTHER ALLERGIES

Allergic to:	Allergic to:
Allergic to:	Allergic to:

Common Presenting Problems and/or Suggested Managements

Problem:	Considerations:
Problem:	Considerations:
Problem:	Considerations:

Signature: _____ Relationship to Child: _____ Date: _____

** The Broward Sheriff's Office BECCA Program is named after Rebecca "Becca" Hyman. Rebecca has been diagnosed with 1p36 Deletion Syndrome which is a genetic disorder that causes developmental delays, mental and physical impairment, seizures among other severe medical conditions. Her father, Seth Hyman, suggested the BECCA Program be created so that EMS and medical professionals would have current critical information on hand related to the medically complex children they care for.*