Youth's Name _____

Birthdate _____

Attach Picture

Diagnosis List:

Medication List:

Weight:_____

Height:_____

HR:_____

BP:_____

Resp:_____

O2:_____

Helpful to Know:

Youth's Name _____

Birthdate _____

Attach Picture

Diagnosis List:

Medication List:

Weight:_____

Height:_____

HR:_____

BP:_____

Resp:_____

O2:_____

Helpful to Know:

Parent/Caregiver:_____

Address:_____

City, State, Zip:_____

Phone Number:_____

Physician:_____

Address:_____

City, State, Zip:_____

Phone Number:_____

UIC UNIVERSITY OF ILLINOIS CHICAGO

Division of Specialized Care for Children

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