

**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: \_\_\_\_\_

