

W.H.A.L.E. PROGRAM

Motor vehicle crashes are the No. 1 killer of kids. In an accident, if the adult in the vehicle is seriously injured or unable to talk, those responding to the emergency have no easy way of identifying the child. The W.H.A.L.E.™ Program is intended to give parents (or other caregivers) the voice and tools to help emergency rescue efforts go more smoothly.

W.H.A.L.E.™ stands for "We Have A Little Emergency." In the event of an automobile accident, this form provides vital information about its young occupant in the unfortunate event that the driver of the car is incapacitated in a car accident. A W.H.A.L.E.™ sticker is placed on the rear/passenger side window so that emergency personnel will know immediately that there is vital information pertaining to the child on the back of the car seat. The W.H.A.L.E.™ form contains the child's name, medical history, names and telephone numbers of two guardians and up to two other emergency names and telephone numbers.

**PLEASE COMPLETE THE FORM
ON THE INSIDE OF THIS BROCHURE
AND PLACE ON THE BACK
OF THE CAR SEAT.**

CAR SEAT SAFETY CHECK

Nassau County Traffic Safety
170 Cantiague Rock Rd • Hicksville, NY 11801

Tuesdays • Wednesdays • Fridays • 12:00pm to 2:30pm

Call **571-9664**
for appointments

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This program consists of:

- An information form attached to the back of the car seat, which provides important information about the child, such as name, date of birth, medical history and who to contact in case of emergency. The form is placed on the back of the car seat where it is not visible from outside the vehicle. This ensures the privacy of this personal information.
- A W.H.A.L.E.™ Vehicle Sticker attached to the rear/passenger side window of the vehicle. The sticker depicts the W.H.A.L.E.™ logo and will alert emergency personnel of the child's medical history.

Take Advantage of this
FREE program.

For further information, call:
516-571-6000



NASSAU COUNTY EXECUTIVE

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NASSAU COUNTY W.H.A.L.E. PROGRAM

"We Have A Little Emergency"



**Child Safety Seat
Occupant
Identification Program**



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Instructions: Fill out the form and place it behind the car seat.
Place stickers on seat and rear passenger window.

Mother's Name: _____
 Father's Name: _____
 Child's Name: _____ Sex: M F
 Address: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____
 Native Language: _____

Pediatrician: _____ Phone: _____
 Doctor: _____ Phone: _____
 Doctor: _____ Phone: _____

IMMUNIZATIONS

Up to date on recommended immunizations. YES NO
 Flu shot within the last year. YES NO

MEDICAL CONDITIONS ✓ **ALL THAT EXIST**

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- AIDS
- Asthma
- Autism
- Behavior
- Bleeding Disorder
- Blind
- Cancer
- Clotting Disorder (bleeding)
- Deaf
- Diabetes/Insulin Dependent
- Diabetes/Non-Insulin
- Epilepsy/Seizures
- Heart Valve Prosthesis
- Hemodialysis
- Hernia
- Hypertension
- Kidney Disease
- Leukemia
- Lymphoma
- Mental Illness
- Mental Retardation
- Multiple Sclerosis
- Neuro Muscular Disease
- Seizure Disorder
- Sickle Cell Anemia
- Other: _____
- Other: _____
- Other: _____
- Other: _____

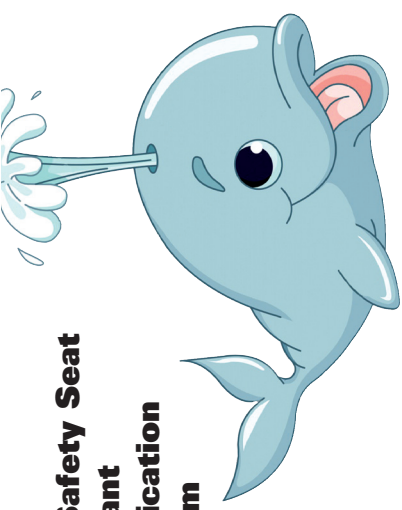
ALLERGIES ✓ **ALL THAT EXIST**

- No Known Allergies
- Environmental
- Food
- Gluten
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocain
- Peanut
- Penicillin
- Sulfa
- Tetracycline
- X-Ray Dyes
- Other: _____
- Other: _____
- Other: _____
- Other: _____



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Occupant
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MEDICAL DATA as of: MO _____ YR: _____ Blood Type: _____
 Communicable Disease: _____

MEDICATIONS ✓ **ALL THAT EXIST**

Medical Problems	Medication	Dosage	Frequency

ANY NEW MEDICATIONS STARTED IN THE LAST 2 WEEKS?

Medication: _____ Dosage: _____
 Medication: _____ Dosage: _____

EMERGENCY CONTACTS

Name: _____
 Address: _____
 Relationship: _____ Phone: _____
 Name: _____
 Address: _____
 Relationship: _____ Phone: _____
 Medical Ins. Co.: _____ Policy #: _____
 Other Medical Ins. Co.: _____ Policy #: _____
 Medicaid #: _____ Medicare #: _____
 Date of Birth: _____ Religion: _____
 Special Conditions/Remarks: _____

Health Care Proxy on file at: _____
 Living Will on file at: _____