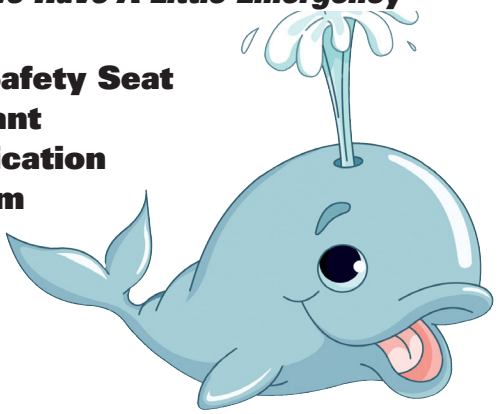
NASSAU COUNTY EXECUTIVE

ED MANGANO

W.H.A.L.E. PROGRAM

"We Have A Little Emergency"

Child Safety Seat Occupant Identification Program



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: _____

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: