Welcome to our home. We are glad that you are able to step in and take care of our loved ones, they mean the world to us. In this Family Care Toolkit you will find information that will help you understand our children, as well as, help guide you through their daily routines. You will find the following sections:

- Welcome
- Our Family
- Daily Living
- Health and Medical
- Legal and Resources
- Emergency

Each section provides valuable information either in an emergency situation or if we are away. If this an emergency family situation please go directly to the section EMERGENCY with the RED TAB for more information.

Please take time to contact the family and friends listed in the toolkit if there are questions. In the resource section you will also find information on different topics or agencies that can assist you, as well as, interesting things around town. We hope that you will find it helpful and know that we created this guide with care and concern for our family.
How to reach parents:
Parent’s Cell numbers: ________________________________
Emergency Contact: ________________________________

Destination:
__________________________________________________________________________

Accommodations:
__________________________________________________________________________
__________________________________________________________________________

Dates of Travel:
__________________________________________________________________________

Anticipated Time of Return:
__________________________________________________________________________

Airline/Cruise Line/ Etc. and arrival/departure info:
__________________________________________________________________________
__________________________________________________________________________

Additional Information:

In the event that there is an emergency situation please see the last tab in the Family Care Toolkit for Emergency Information.
<table>
<thead>
<tr>
<th>Category</th>
<th>Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td>PET CARE</td>
<td></td>
</tr>
<tr>
<td>PLANTS</td>
<td></td>
</tr>
<tr>
<td>APPLIANCES</td>
<td></td>
</tr>
<tr>
<td>HOUSE RULES</td>
<td></td>
</tr>
<tr>
<td>TV(s)</td>
<td></td>
</tr>
<tr>
<td>DVD/BLU RAY</td>
<td></td>
</tr>
<tr>
<td>GAMING CONSOLE</td>
<td></td>
</tr>
</tbody>
</table>

See additional information
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relationship</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Adam Smith</td>
<td>Ex. 123-456-6789</td>
<td>Ex. Cousin</td>
<td>Ex. Can drive kids to Boy Scouts</td>
</tr>
</tbody>
</table>

© 2017 National Down Syndrome Congress
OUR FAMILY

Who lives in our home:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Pets:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Picture of our family:
WHO AM I?

Name: _______________________________________________  Current Age: ________

Nickname/s: __________________________________________

Likes and Interests:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What motivates me:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Favorite games, books and/or music:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Devices and restrictions for use:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Friends that are welcome in our home:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Neighbors that can be visited:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Places I enjoy going with friends:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Outdoor sports allowed:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
WHO AM I?

My Dislikes:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Behaviors and kinks that could get in the way:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tips for handling meltdowns:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tips for soothing frustrations, fears and/or tears:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tips for picky eaters:

_____________________________________________________________________________________
_____________________________________________________________________________________

“Grooves” and Habits:

_____________________________________________________________________________________
_____________________________________________________________________________________

Help with dressing: No help  Minimal help  Maximum support
Help with bathing: No help  Minimal help  Maximum support
Help with toiletry: No help  Minimal help  Maximum support

Any additional things to know about me:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

© 2017 National Down Syndrome Congress
Name_____________________________________

Current Employer____________________________________________________________________

Supervisor__________________________________________________________________________

Phone____________________ Email ______________________________________________________

Job Coach___________________________________________________________________________

Phone __________________ Email ______________________________________________________

Transportation___________________________________________ Phone _________________

Work days/hours_____________________________________________________________________

Responsibilities:

What does he/she love about the job?

What does he/she have challenges with?

Any co-workers that are friends too?

Any concerns?
## Daily Schedule

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early AM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mid-morning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mid-afternoon</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2017 National Down Syndrome Congress
<table>
<thead>
<tr>
<th>TIME</th>
<th>Typical Day</th>
<th>Employment Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30am</td>
<td></td>
<td>Transportation Notes</td>
</tr>
<tr>
<td>11:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30pm</td>
<td></td>
<td>Notes for Special Activities</td>
</tr>
<tr>
<td>3:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00pm</td>
<td></td>
<td>Additional Information</td>
</tr>
<tr>
<td>7:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00pm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DAILY MEALS AND ALLERGIES

What to eat for breakfast:
____________________________________________________________________________
____________________________________________________________________________
Typical time for breakfast: ____________

What to eat for lunch:
____________________________________________________________________________
____________________________________________________________________________
Typical time for lunch: ____________

What to eat for dinner:
____________________________________________________________________________
____________________________________________________________________________
Typical time to eat dinner: ____________

Snacks and times:
____________________________________________________________________________
____________________________________________________________________________
Snacks to avoid:
____________________________________________________________________________

Known food allergies:
____________________________________________________________________________
____________________________________________________________________________

EpiPen: YES ______ NO _______
Location of EpiPen: ________________________________
## Menu Ideas

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2017 National Down Syndrome Congress
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
<th>Contact</th>
<th>Phone #</th>
<th>Address</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NAME: __________________________________________________________

PRIMARY PHYSICIAN ___________________________ CONTACT INFO: __________________________

DENTIST: ___________________________ CONTACT INFO: __________________________

MEDICINE ALLERGIES:

FOOD ALLERGIES:

CHRONIC HEALTH CONDITIONS:
(Please Circle All that Apply)

- Diabetes
- Celiac Disease
- Asthma
- Sleep Apnea
- Seizures
- Depression
- Heart Condition
- Thyroid Disease
- G I Issues
- Hearing Impairment
- Vision Impairment
- Skin Conditions
- Joint Problems
- Atlanto-axial instability

Any other Conditions?

Diet & Exercise
MEDICAL HISTORY

Name: ________________________________

Important Medical History:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Medications (Name, Dosages & Times):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Allergies:
__________________________________________________________________________
__________________________________________________________________________

EpiPen: YES_______   NO_______

Name: ________________________________

Important Medical History:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Medications (Name and Dosage):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Allergies:
__________________________________________________________________________

EpiPen: YES_______   NO_______

© 2017 National Down Syndrome Congress
<table>
<thead>
<tr>
<th>PRIMARY PHARMACY: __________________</th>
<th>PHONE NUMBER: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD:</td>
<td>CHILD:</td>
</tr>
<tr>
<td>PHYSICIAN:</td>
<td>PHYSICIAN:</td>
</tr>
<tr>
<td>Medication Name:</td>
<td>Medication Name:</td>
</tr>
<tr>
<td>Medication Purpose:</td>
<td>Medication Purpose:</td>
</tr>
<tr>
<td>Dosage:</td>
<td>Dosage:</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD:</td>
<td>CHILD:</td>
</tr>
<tr>
<td>PHYSICIAN:</td>
<td>PHYSICIAN:</td>
</tr>
<tr>
<td>Medication Name:</td>
<td>Medication Name:</td>
</tr>
<tr>
<td>Medication Purpose:</td>
<td>Medication Purpose:</td>
</tr>
<tr>
<td>Dosage:</td>
<td>Dosage:</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD:</td>
<td>CHILD:</td>
</tr>
<tr>
<td>PHYSICIAN:</td>
<td>PHYSICIAN:</td>
</tr>
<tr>
<td>Medication Name:</td>
<td>Medication Name:</td>
</tr>
<tr>
<td>Medication Purpose:</td>
<td>Medication Purpose:</td>
</tr>
<tr>
<td>Dosage:</td>
<td>Dosage:</td>
</tr>
<tr>
<td>Comments:</td>
<td>Comments:</td>
</tr>
</tbody>
</table>
Psychosocial/emotional issues common to people with Down syndrome

People with Down syndrome may exhibit odd or repetitious behaviors. These are referred to as “grooves” or “stereotypic behaviors”. Grooves can be a strength, allowing people to organize their rooms and personal items, and present themselves to the world in a neat and dignified fashion. A groove can also be a safety valve allowing people to have some outlet when they are under stress. In these instances people can get stuck in certain set patterns of behavior that may be unproductive. These become more problematic when the grooves interfere with essential life activities or unforeseen schedule changes (i.e. Friday night is pizza night no matter what). Often these behaviors increase when someone with Down syndrome is stressed or very tired. Related to this are stereotypic behaviors, which may not appear to be under conscious control. This could include repetitious body movements: hand-flapping, rocking, rubbing, or unusual noises.

Self- Talk

People with Down syndrome often engage in self-talk by thinking out loud, processing events of the day, or planning ahead for the week or month. For many self-talk is easier to understand than their conversations. If there is a change in quality or an increase in quantity of self-talk, it could indicate stress related to the parents not being home. If concerned, contact a relative or friend that the family has listed in the contacts for additional guidance, or review the Who Am I? pages of the toolkit.

For additional information contact the National Down Syndrome Congress at info@ndsccenter.org or 800-232-6372.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>E-mail</th>
<th>Phone</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AAA - Area Agency on Aging – advocates on behalf of member agencies for services and resources for older adults and persons with disabilities. By providing a range of options that allow older adults and persons with disabilities to choose the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to remain in their homes and communities as long as possible. - www.n4a.org (to search for your local office)

AAIDD – American Association on Intellectual and Developmental Disabilities - promotes progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities. – www.aaidd.org

AIDD - Administration on Intellectual and Developmental Disabilities - dedicated to ensuring that individuals with developmental disabilities and their families are able to fully participate in and contribute to all aspects of community life in the United States and its territories. - www.acl.gov/programs/AIDD

APSE - Association of People Supporting EmploymentFirst - advances employment and self-sufficiency for all people with disabilities through advocacy and education. - www.apse.org

The Arc - (formerly Association for Retarded Citizens) - promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes. Their website offers resources for health, financial planning, residential options and more. - www.thearc.org

AUCD - Association of University Centers on Disabilities - a network of interdisciplinary centers advancing policy and practice for and with individuals with developmental and other disabilities, their families, and communities. - www.aucd.org

DD Council - Developmental Disabilities Council (each state has one) - develops and sustains inclusive communities and self-directed services and support for individuals with developmental disabilities. - www.nacdd.org (to search for your state office)

DSAIA – Down Syndrome Affiliates in Action - supports the growth and service capabilities of local and regional Down syndrome organizations. – www.dsaia.org

EEOC - Equal Employment Opportunity Commission - responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person’s race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. It is also illegal to discriminate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. - www.eeoc.gov

HHS - Health and Human Services – the principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. Provides millions of children, families, and seniors with access to high-quality health care, by helping people find jobs and parents find affordable child care, by keeping the food on Americans’ shelves safe and infectious diseases at bay. - www.hhs.gov/iea/regional/index.html (to search for your regional or state office) or www.aspe.hhs.gov/office_specific/daltcp.cfm (for the office of disability, aging and long-term care policy)
IMDSA – International Mosaic Down Syndrome Association - supports any family or individual whose life has been affected by Mosaic Down syndrome by continuously pursuing research opportunities and increasing awareness in the medical, educational and public communities throughout the world - www.imdsa.org

NARIC - National Rehabilitation Information Center - conducts comprehensive and coordinated programs of research and related activities to maximize the full inclusion, social integration, employment and independent living of individuals of all ages with disabilities. - www.naric.com

NDRN – National Disability Rights Network - the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP). Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States. – www.ndrn.org

NDSC - National Down Syndrome Congress - provides information, advocacy and support concerning all aspects of life for individuals with Down syndrome. – www.ndsccenter.org

NDSS - National Down Syndrome Society - advocates for the value, acceptance and inclusion of people with Down syndrome. - www.ndss.org

NIH – National Institute of Health - the largest source of funding for medical research in the world. NIH is made up of 27 centers and institutes, including the NICHD which conducts and supports laboratory research, clinical trials, and epidemiological studies that explore health processes; examines the impact of disabilities, diseases, and variations on the lives of individuals; and sponsors training programs for scientists, health care providers, and researchers. - www.nih.gov

ODEP – Office of Disability Employment Policy - develops and influences policies and practices that increase the number and quality of employment opportunities for people with disabilities. - www.dol.gov/odep

SLN – Sibling Leadership Network - provides siblings of individuals with disabilities the information, support, and tools to advocate with their brothers and sisters and to promote the issues important to them and their entire families. – www.siblingleadership.org

SSA - Social Security Administration – pays disability benefits under two programs, SSI and SSDI – www.ssa.gov

TASH - an international advocacy association of people with disabilities, their family members, other advocates, and people who work in the disability field. – www.tash.org

The State of the States in Developmental Disabilities Project - administered by the University of Colorado and funded in part by the AIDD, it provides longitudinal data for 1977-2011. The new State Profiles each present six pages of data on I/DD spending, revenue and other program trends in each state and DC. Customized, state-by-state comparative data, also recently updated through 2011, are also available. - http://www.stateofthestates.org/
FAMILY EMERGENCY

When a family emergency occurs there is only a short period of time to grasp vital information, regroup, and help children with Down syndrome and other children in the family keep a consistent schedule. Keeping a consistent schedule will perhaps allow children to maintain a sense of calm. Please reach out to the following people for immediate help.

Emergency Contact #1:
Name: ____________________________________________ Relationship: __________________
Address: _____________________________________________________________________________________________
Primary Phone #: ______________________________ Secondary Phone #: ____________________________
Email Address: __________________________________________________________________________

Emergency Contact #2:
Name: ____________________________________________ Relationship: __________________
Address: _____________________________________________________________________________________________
Primary Phone #: ______________________________ Secondary Phone #: ____________________________
Email Address: __________________________________________________________________________

Faith Community Contact:
Organization Name: ______________________________________________________________________
Contact Person (s): ____________________________________________
Primary Phone #: ______________________________________________________________________
Email Address: __________________________________________________________________________

Resource for additional support: National Down Syndrome Congress 800-232-6372 or info@ndsccenter.org

NOTES:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
EMERGENCY INFORMATION

Family Name: ____________________________________________
Address: ________________________________________________
Phone number: __________________________________________

How to reach parents:

Destination and Expected return: __________________________
Parents Cell numbers: _____________________________________
Emergency Contact: ______________________________________

Location of Emergency Supplies:

First aid supplies _________________________________________
Flash lights ______________________________________________
Fire extinguisher _________________________________________
Key to house and car _____________________________________

Emergency Procedures:
Fire exit locations
________________________________________________________

Rooms for storm evacuation:
_______________________________________________________

Phone numbers for household troubles:

Electrical power outage report _____________________________
Refrigerator repair _______________________________________
Furnace repair ___________________________________________
Plumber _________________________________________________
Electrician ______________________________________________
Gas Co _________________________________________________
Other Details ____________________________________________
Consent for Medical and/or Emergency Treatment

I, ________________________________, consent to the care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of our child

________________________________________  ________________________  ____________  ____________
Full Name of Child                             Relationship

I also give consent to our caregiver ________________________________, Full Name

While caring for my child from ________________ through ________________, to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my child. In the event that our child is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for _____________________ and to take the appropriate measures, including contacting 911 and arranging for transportation to the nearest emergency medical facility.

The Caregiver should attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In the case of any treatment decisions to be made by the caregiver on my behalf for the benefit of our child, I authorize the caregiver to request, obtain, review and inspect any and all information regarding our child's health and relevant to any decisions that may be made respecting treatment.

____________________________________
Date

____________________________________  ______________________________________
Signature of Legal Guardian                        Primary Care Doctor

____________________________________
Cell/Home Phone

____________________________________
Dependent

____________________________________
Dependent DOB

____________________________________
Dependent Home Address

____________________________________
Allergies

____________________________________
Health Insurance Carrier

____________________________________  ______________________________________
Policy Holder

____________________________________
Health Insurance Policy #

____________________________________  ______________________________________
Policy Holder DOB

____________________________________
Policy Group #

____________________________________
Pharmacy #
# EMERGENCY CONTACT INFORMATION

**Parent or Guardian #1:**

Name: ____________________________________________  Relationship: ______________________

Address: ______________________________________________________________________________

Primary Phone #: ______________________________  Secondary Phone #: ______________________

Email Address: _________________________________________________________________________

**Parent or Guardian #2:**

Name: ____________________________________________  Relationship: ______________________

Address: ______________________________________________________________________________

Primary Phone #: ______________________________  Secondary Phone #: ______________________

Email Address: _________________________________________________________________________

**Emergency Contact #1:**

Name: ____________________________________________  Relationship: ______________________

Address: ______________________________________________________________________________

Primary Phone #: ______________________________  Secondary Phone #: ______________________

Email Address: _________________________________________________________________________

**Emergency Contact #2:**

Name: ____________________________________________  Relationship: ______________________

Address: ______________________________________________________________________________

Primary Phone #: ______________________________  Secondary Phone #: ______________________

Email Address: _________________________________________________________________________

NOTES:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

© 2017 National Down Syndrome Congress