
My Child's Important Medical Information

Personal information

1. My child's name: _____

2. Date of birth: _____

3. Personal Health Number: _____

Health information

My child has a congenital heart defect. The following signs in my child indicate a problem that needs medical attention: _____

Additional health conditions: _____

Procedures or surgeries: _____

Typical oxygen saturations (blood oxygen level): _____

Not applicable

Allergies or reactions to medications: _____

Medications: _____

Other information to consider: _____

Family contact information

1. Parent/Caregiver's name: _____

Address: _____

Please indicate the order to call: ___cell phone ___home phone ___work phone

Cell phone: _____ Home phone: _____

Work phone: _____

2. Parent/Caregiver's name: _____

Address: _____

Please indicate the order to call: ___cell phone ___home phone ___work phone

Cell phone: _____ Home phone: _____

Work phone: _____

3. If you can't reach a parent or caregiver, call _____

Relationship: _____

Phone: _____

Health provider contact information

1. Cardiologist's name: _____

Phone: _____

2. Pediatrician's name: _____

Phone: _____

3. Family doctor's (GP's) name: _____

Phone: _____

4. Other specialist's name: _____

Type of specialist: _____

Phone: _____