

TAC Enterprises Emergency Information

Individual: _____
Last
First
Initial

DOB: _____ Phone: _____ Hab Spec: _____

Address: _____ Path/QMRP: _____

Parent/Caregiver: _____ Legal Guardian: _____

Business Phone: _____ Home Phone: _____ Cell/Pager: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Hospital Preference: _____

Known Allergies: _____

Physical Handicap/Diagnosis: _____ Diet: _____

Current Meds: (Name/Dose) _____

Signature of Information Provider: _____ Date: _____

Medication Updates: (as reported)

PHYSICIAN NEEDS TO COMPLETED AND SIGN BELOW

As Needed Medications / Treatment Orders for TAC Enterprises.

Y/N	Symptoms/Conditions	Medication	Dosage	Instructions
Y/N	Headache, Fever, Pain	Acetaminophen 500 mg	1 tab	Give q 4 hrs. PRN x 1 dose May be crushed and/or give in food
Y/N	Headache, Fever, Pain	Buffered ASA 325mg or Ibuprophen 200 mg	2 tabs	Give q 4 hrs. PRN x 1 dose May be given in food
Y/N	Indigestion / Nausea	Mylanta/ Tums / Generic	30 cc / 1-2 tabs	Give orally PRN x 1 dose
Y/N	Bee Sting	Meat Tenderizer, Ice	Moist Compress	Apply compress with/without ice x 20 min. PNR
Y/N	Cyanosis / Dyspnea	Oxygen 2-6 liters / minute / per nasal cannula / mask		As needed
Y/N	Minor Abrasion / Laceration	Bacitracin or Triple Antibiotic Ointment		Cleanse wound / apply medication / cover with dry dressing or leave open to air
Y/N	Glue Gun Burn	Cold Pack and/or Burn Ointment		Apply to affected areas PRN

In the presence of fever, or symptoms unrelieved after one dose, the individual will be sent home for further treatment.

Physician's Signature _____

Date _____