Families on the Spectrum

Risk & Safety Management

SPECIAL NEEDS EMERGENCY CONTACT and IDENTIFYING FORM

Name of person with disability | Nickname (if any) | Date of Birth

Height | Weight | Eye Color | Hair Color | Scars or Identifying marks

Address | City, State, Zip | Home Phone

Medical Conditions | Other Conditions | Other Phone

Method of Communication (if non-verbal: sign language, picture books or stories, written word, etc.)

Identification Worn: (jewelry, Medic Alert, clothing tags, ID card, tracking monitor, etc.)

Favorite attractions or locations where person may be found (if missing)

Likes/Dislikes (include approach and de-escalation techniques)

Sensory/Medical/Dietary issues or requirements

Any other important information (attach extra paper if necessary)

PLEASE TURN THIS FORM WITH PICTURE INTO YOUR LOCAL POLICE OR SHERIFF'S DEPARTMENT AND UPDATE YEARLY.

MEDICAL CARE PROVIDERS

DR. SIGNATURE & DATE (required)

PARENT/CAREGIVER INFO

EMERGENCY CONTACT INFO