

**SPECIAL NEEDS EMERGENCY CONTACT  
and  
IDENTIFYING FORM**



Name of person with disability Preferred Name 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)

MEDICAL CARE PROVIDERS

DR. SIGNATURE & DATE (required)

PARENT/CAREGIVER INFO

EMERGENCY CONTACT INFO

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