Special Needs Emergency Contact & Identifying Form

Attach Photo Here

Name of Person w/Disability _____ Preferred Name _____ Date of Birth _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Scars or Identifying Marks _____

Address _____ City, State, Zip _____ Home Phone _____ Alternative Phone _____

Medical Conditions/Medical Requirements/Sensory Issues/Allergy Information

_____

_____

Method of Communication (if non-verbal: sign language, written words, etc.)

_____

Identification Worn: (medical alert, tracking monitor, clothing tags, jewelry, etc.)

_____

Favorite Attractions or Locations Where Person May Be Found (if missing).

_____

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

_____

_____

Any Other Important Information (attach extra paper if necessary)

_____

_____

Parent/Caregiver Information

_____

_____

Emergency Contact Information

_____

_____

Medical Care Providers & Phone Number (must be completed)

_____

Information Submitted By: _____ Relationship _____ Phone Number _____

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