

PERSONAL IDENTIFYING INFORMATION

DATE: ___/___/___

NAME: _____ NICKNAME: _____

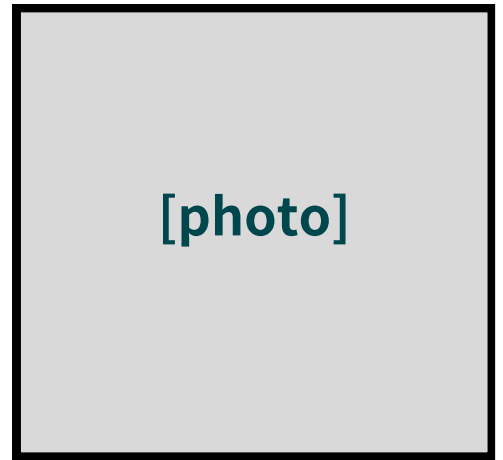
DOB: _____ AGE: _____ GENDER: _____

HOME ADDRESS: _____

PHYSICAL DESCRIPTION: _____

IDENTIFYING MARKS/SCARS: _____

LOCATION DEVICE/ID BRACELET? _____



EMERGENCY CONTACTS

NAME, PHONE NUMBER, ADDRESS: _____

NAME, PHONE NUMBER, ADDRESS: _____

MEDICAL INFORMATION

MEDICAL NEEDS OR MEDICATIONS: _____

ALLERGIES/DIETARY RESTRICTIONS: _____

OTHER HELPFUL CONSIDERATIONS:

FAVORITE LOCAL PLACES: Be specific: water/pool/lake, park, gas station, family homes, etc.

SIGNS OF ESCALATION: Crying, running, rocking, aggression, etc.

DE-ESCALATION TECHNIQUES: What has helped in the past?

BEST WAY TO APPROACH INDIVIDUAL:

IDENTIFY LIKES: Favorite toys, characters, songs, tv shows, etc.

IDENTIFY DISLIKES/TRIGGERS: Things to avoid, fears, sensitivities (lights, noises, etc.)

PREFERRED COMMUNICATION: Speaking/non-speaking, visuals, sign language, speech device

A SAFE WORD OR IDENTIFIER TO INDICATE TO THE INDIVIDUAL THAT YOU ARE A SAFE PERSON: