PERSONAL IDENTIFYING INFORMATION

DATE: ___/___/___

NAME:_____ NICKNAME:_____

DOB:_____ AGE:_____ GENDER:_____

HOME ADDRESS:_____

PHYSICAL DESCRIPTION:_____

IDENTIFYING MARKS/SCARS:_____

LOCATION DEVICE/ID BRACELET?_____

[photo]

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:

_____