

**PERSONAL IDENTIFYING INFORMATION**

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

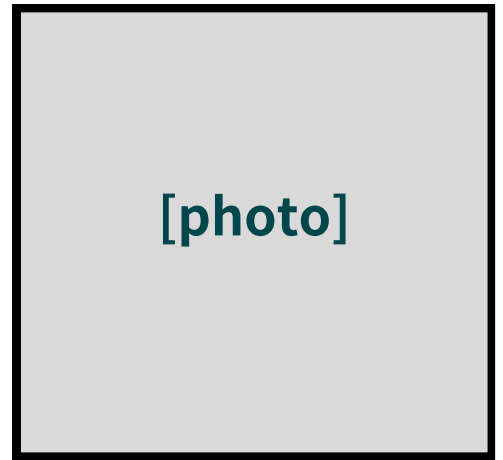
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

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:

