

Emergency Identification Sheet

Date: ____/____/____

Personal Identifying Information

Name: _____ DOB: ____/____/____

Physical Description: i.e., 5'10, 150 lbs., brown hair, green eyes, etc.

Identifying marks or scars:

Do they wear a locative device? ID bracelet or tag?



Emergency Contacts

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Medical Information

Medical needs or medications: _____

Allergies or dietary restrictions: _____

Other Helpful Considerations

Identify locations the individual is likely to go: Be specific - water/pool/lake, movies, gas stations, etc.

What does escalation look like? 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; noises, lights, helicopters, etc.

Preferred Communication: Speaking/nonspeaking, visuals, sign language

A safe word or any identifier to indicate to the individual that you are a safe person: