

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact Address (*Street, City, State, Zip*):

Emergency Contact E-Mail Address:

Emergency Contact Phone Numbers:

Home:

Work:

Cell Phone:

Name of Alternate Emergency Contact:

Alternate Emergency Contact Phone Numbers:

Home:

Work:

Cell Phone:

ADDITIONAL INFORMATION

Method of Preferred **NON-VERBAL** Communication (*sign language, picture boards, written words, communication devices, iPads, etc.*):

Method of Preferred **VERBAL** Communication (*preferred words, sounds, songs, phrases they may respond to*):

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

Identification information, including where it is located (*i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

Tracking Information (*Does the individual have any tracking devices?*):

By submitting this information, I consent to sharing of the information on this form to public safety professionals only. This information will be otherwise kept confidential and is not subject to disclosure to outside parties.

Name: _____ Signature: _____ Date: _____