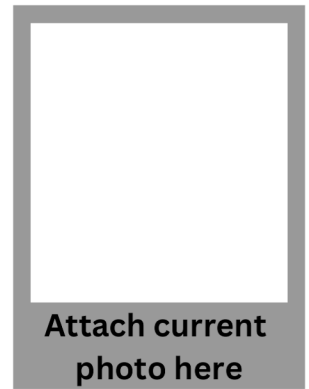




First Responder Emergency Information



Date Last Updated _____

Personal Profile

Name _____
(First) (Middle) (Last)

Address _____
(Address) (City) (State) (Zip)

Date of Birth _____ Age _____ Race _____ Sex _____

Eye Color _____ Hair Color _____ Height _____ Weight _____

Identifying marks or features _____

Identification jewelry, tags, medic alert bracelets, etc. _____

Preferred language and communication method: _____

Medical Information

Medical Concerns & Allergies: _____

Current Medications: _____

Other relevant medical information (check all that apply):

Non-Verbal Blind Deaf Cognitive Impairment
 Intellectual Disability Other (Explain) _____

Additional Helpful Info

Favorite places and nearby bodies of water: _____

Atypical behaviors or characteristics: _____

Likes, dislikes, favorite topics, objects, etc: _____

Best calming methods: _____

Things to avoid: _____

Emergency contact info on the following page/reverse



Additional info on the following page/reverse

Any other helpful info _____

Emergency Contact Information

Emergency Contact Name _____

Address: _____

Phone numbers Home: _____ Work: _____ Cell: _____

Additional Emergency Contacts

Emergency Contact Name _____

Address: _____

Phone numbers Home: _____ Work: _____ Cell: _____

Emergency Contact Name _____

Address: _____

Phone numbers Home: _____ Work: _____ Cell: _____

Emergency Contact Name _____

Address: _____

Phone numbers Home: _____ Work: _____ Cell: _____