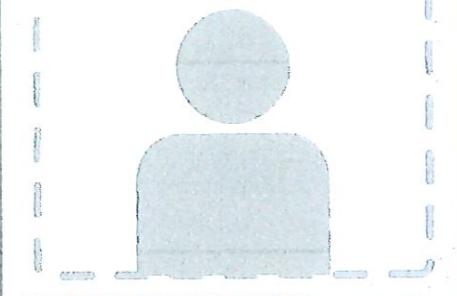


Annually (or more frequently) complete and share with school staff, family, friends, neighbors, caregivers, police, fire, and rescue professionals.

	PERSONAL EMERGENCY PROFILE
	DATE: _____
	NAME: _____
	ADDRESS: _____
	PHYSICAL DESCRIPTION: _____
 PLACE PHOTO HERE	
TRACKING FREQUENCY # (If applicable)	

	EMERGENCY CONTACT(S) IF LOST, MAY BE FOUND AT: _____ <small>(Likely places to go)</small>
NAME: _____	PHONE NUMBER: _____
NAME: _____	PHONE NUMBER: _____

	RESTRICTIONS (Allergies and diet) _____
	MEDICAL NEEDS (Diagnosis, health concerns) _____

	SIGNS OF ESCALATION (Changes in behavior that show increased or decreased anxiety, anger, etc. Recommendations for do's and don'ts.) _____
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	LIKES (Attractions, favorite things, hobbies, interests, foods, drinks, verbal exchanges, etc.) _____
	DISLIKES (Triggers, sensitivities, fears, things to avoid, foods, drinks, verbal exchanges, etc.) _____

Symbols aid understanding and communication for everyone. Show and point to symbols when talking with a rescued person.

