

Special Needs Emergency Information Form

Address: _____

Project Lifesaver ID #: _____
(Optional)

Name: _____
Nickname: _____
DOB: _____
Home Phone: _____
Work Phone: _____

Place Photo Here

Physical Description of Person
Age: _____
Height: _____
Weight: _____
Eye Color: _____
Hair Color: _____

Method of Communication
Verbal: _____
Non Verbal: _____ Sign Language
_____ Picture Board
_____ Written Words
Other : _____

Additional Emergency Contact Information

Name of Parent or Guardian

Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____

Additional Care Givers

Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____

Describe any unique or special behaviors or characteristics for this person

Describe best approach for responders to use for this individual

Describe any Sensory, Medical needs for this individual

ID Wear: jewelry, name on clothes, tattoos, etc

