

Individual's identifying marks, medications (and dosages) & medical needs:

Please check all that apply to the individual:

Blind
Intellectual Disabilities

Hearing Impairment
Cognitive Impairment

Non-Verbal
Prone to seiures

If other, please explain: _____

Communication Ability:

Verbal
Has Wri tten
Ability

Non-Verbal
Scripts

ASL
PEC Cards

AAC Device
Can respond to
Yes or No
Questions

Speaks Loudly
Speaks in a
High Pitched
Voice

List best means of communication in stressful situations:

Sensitivity To:

Noise

Touch

Light

Crowds

Textures

Other: _____

Behaviors:

Sensory Seeking
Elopement

Vocal Stims
Aggression

Self-Injurious
Eye Contact Avoidance

Lack of fear/danger
Will run if chased

Does this individual have the ability to follow commands? Yes No

Dislikes of the individual:

Favorite attractions or locations:

Calming Methods, favorite toys, objects, songs, movies, TV Shows, discussion of topics:

Additional information first responders may need:

Consent/Permission

I, _____, give my full permission to the first responders and emergency medical professionals to retain this information, to be kept on file for the purposes of identification and the assistance relative to differing abilities.

Signature

Date

email address