

PHOTO

*Safety Form *

Name of child:

Nickname, if any:

Date of Birth:

Height:

Weight:

Eye Color:

Hair Color:

Scars or identifying marks:

Medical conditions:

Address:

City:

State:

Zip:

Home Phone:

Other Phone:

Medications with schedule and/or allergies:

Method of communication, if non-verbal: PECS, ACC Device, written word, etc:

Identification worn: ex: jewelry/Medic Alert®, clothing tags, ID card, GPS/ monitor, etc:

Behaviors or characteristics that may attract attention:

Favorite attractions and locations where person may be found if missing:

Likes and dislikes (favorite toys – music - food):

****Attach map and address guide to nearby properties with water sources and dangerous locations highlighted****

****Attach blueprint or drawing of home, with bedrooms of individual highlighted****

Medical Care Providers/Primary:

Name:

Phone Number:

Parents/Caregiver name:

Address:

City:

State:

Zip:

Cell Phone(s):

Other contact info:

Emergency contact name:

Phone Number:

Address:

City:

State:

Zip:

Cell Phone(s):

Please see information on reverse side

De-escalation Techniques – how can we calm them?

Important information to share with responders (e.g. key phrases or items that may help in a situation):

Behaviors that may be exhibited (e.g. runner, wander, eat non-edible items, head-butt):

Popular Destinations (e.g. library, swimming pool, restaurant, store):

What do you want DARA Full-time Staff to know?

What do you want medical staff to know?

What's missing?