



Emergency Information for At Risk Residents



Name: _____

Address : _____

Nickname: _____

Vehicle License plate: _____

Electronic Monitoring/GPS contact info: _____

Method of Communication: Verbal Non-Verbal Sign Language Picture Board Written

Likes/De-escalation/Approach: _____

Dislikes/Fears/Sensitivities: _____

Wandering - tendencies, attractions, locations: _____

Medical – conditions/diagnosis: _____

Medical – medications, allergies: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Scars, Marks, Tattoos, Other: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number(s): _____

Address: _____

Name: _____ Relationship: _____

Phone Number(s): _____

Address: _____