Annually (or more frequently) complete and share with school staff, family, friends, neighbors	s, caregivers, police, fire, and	rescue professional	
PERSONAL EMERGENCY PROFILE			
DATE:	PLACE PHO	TO HERE	
NAME: AGE:			
ADDRESS:			
PHYSICAL DESCRIPTION:	PHYSICAL DESCRIPTION: TRACKING FREQUENCY # (If applicable)		
EMERGENCY CONTACT(S) IF LOST, MAY BE FOUND A	AT:		
NIA AFF	IUMBER:		
IAME: PHONE NUMBER:			
RESTRICTIONS (Allergies and diet) (中) MEDICA	I NEEDC		
RESTRICTIONS (Allergies and diet) MEDICAL NEEDS (Diagnosis, health concerns)			
SIGNS OF ESCALATION (Changes in behavior that show increased or decrease	ed anxiety, anger, etc.		
SIGNS OF ESCALATION Recommendations for do's and don'ts.)			
LIKES (Attractions, favorite things, hobbies, interests, foods, drinks, verbal exchanges, etc.)	(Triggers, sensitivities, fears, the foods, drinks, verbal exchange	nings to avoid, es, etc.)	
Symbols aid understanding and communication for everyone. Show and point to symbols	ols when talking with a resu	rued person	
	home go home	deep breath	
		(2-)	
	7.5 5.6 0.7	8	
message here messa	ersonal Add personal age here message here	No	
THE TOTAL			

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