



Emergency & Safety Profile

QUICK INFORMATION. A SAFER TOMORROW.

*Different
Minds
Brighter
Futures*



Place Photo Here
(or attach photo)

Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City/State/ZIP: _____



Emergency Contacts

PEOPLE TO CONTACT RIGHT AWAY

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____



Medical Information

IMPORTANT HEALTH DETAILS

Primary Doctor: _____

Phone: _____

Insurance: _____

Policy #: _____



About Me

WHAT HELPS OTHERS UNDERSTAND ME

Diagnosis (optional): _____

Communication Method:

- ☐ Verbal ☐ AAC Device ☐ Gestures
- ☐ Limited Speech ☐ Non-Speaking

I may go by: _____

Things I like: _____

Things that help me feel calm: _____



Sensory & Support Needs

WHAT I MAY EXPERIENCE

- ☐ Sensory sensitivities (lights, sounds, touch)
- ☐ May become overwhelmed in crowds
- ☐ May cover ears or avoid eye contact
- ☐ May need extra processing time
- ☐ May experience meltdowns/shutdowns
- ☐ May not respond to my name
- ☐ May wander/elope
- ☐ Other: _____



Calming Strategies

WHAT HELPS ME REGULATE

- ☐ Quiet space
- ☐ Fidget item
- ☐ Deep pressure (with permission)
- ☐ Preferred item: _____
- ☐ Other: _____



Important Information

PLEASE BE AWARE

- ☐ Allergies: _____
- ☐ Medical conditions: _____
- ☐ Medications: _____
- ☐ Risk of wandering/elopement
- ☐ May not understand danger
- ☐ May have difficulty with directions
- ☐ May appear non-verbal or unresponsive
- ☐ May need a support person
- ☐ Other: _____

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*“Different ways of communicating
are still ways of **connecting**.”*



In Case I Am Missing

Check recent places: home, school, favorite locations, parks, public transportation, or places of interest.
Please contact emergency contacts above and local law enforcement.

