

Emergency Information Sheet for (Full Name of Child)

Photo

Include recent photo of your child

Date photo taken:

Physical Description:

Date of Birth:

Height:

Weight:

Eye Color:

Hair Color:

Scars:

Identifying Marks: (e.g. birthmarks)

Responds to: (List behaviours, expressions, or items that child will respond to)

Please be aware that: (List anything others should know about how your child reacts, e.g. does he/she bite, not like to be touched, etc.)

Child may: (List behaviours your child frequently engages in, such as rocking, climbing, flapping arms.)

Favourite places: (List places your child likes to go or has wandered off to before, e.g. specific parks, etc.)

May be frightened by: (List animals, objects, sounds, etc. that child may be afraid of and how the child reacts when he is afraid.)

Best way to communicate: (Identify the best way for others to communicate with your child, such as through pointing at objects, key phrases child may know, etc.)

Identification: (List any identification your child may have on him/her, such as a medical alert bracelet, etc.)

Contact Immediately:

1) Name:

Home phone:

Cell phone:

Relationship to child:

2) Name:

Home phone:

Cell phone:

Relationship to child:

Child's Home Address:

Please refer to attached map for location of home, favourite places, etc