

Emergency Alert Form

Child's Name (First, Middle, Last): _____

Preferred Name: _____

Address (Street, City, State, Zip code): _____

Date of Birth: _____ Age: _____ Gender: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Identifying Marks (birthmarks, wears glasses, has freckles or braces, has an ID bracelet or shoe tag, etc.): _____

Behaviors that may help to identify my child (hand flapping, lack of eye contact, repetitive movements, etc.): _____

Relevant Diagnoses: _____

Current Medications: _____

Tracking Information (if applicable): _____

ABOUT MY CHILD

Communication (non-verbal, uses sign language, picture board, does not respond immediately, etc.): _____

Best way to approach my child (do not touch, approach quietly, talk to them about things they like, etc.): _____

Likes (Favorite toys, objects, music, discussion topics, etc.): _____

Dislikes (sudden changes, bright lights, loud noises, crowded places, etc.): _____

My child is attracted to (nearby water sources, favorite locations, etc.): _____

Any additional information to know about my child: _____

PARENT/GUARDIAN/CAREGIVER INFORMATION

Name: _____

Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Attach a picture of your child and include the date it was taken. Be sure you have a close up picture of their face and a full body picture.

Date Completed (be sure to update this form at least once a year): _____

