

PHOTO

## \*Safety Form \*

Name of child or adult: \_\_\_\_\_

Nickname, if any: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Scars or identifying marks: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Medications with schedule and/or allergies:

\_\_\_\_\_

Method of communication, if non-verbal: PECS, ACC Device, written word, etc:

\_\_\_\_\_

Identification worn: ex: jewelry/Medic Alert®, clothing tags, ID card, GPS/ monitor, etc:

\_\_\_\_\_

Behaviors or characteristics that may attract attention:

\_\_\_\_\_

Favorite attractions and locations where person may be found if missing:

\_\_\_\_\_

Likes and dislikes (favorite toys – music - food):

\_\_\_\_\_

**\*\*Attach map and address guide to nearby properties with water sources and dangerous locations highlighted\*\***

**\*\*Attach blueprint or drawing of home, with bedrooms of individual highlighted\*\***

Medical Care Providers/Primary:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parents/Caregiver name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Other contact info: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Please see information on reverse side

**De-escalation Techniques – how can we calm them?**

**Important information to share with responders (e.g. key phrases or items that may help in a situation):**

**Behaviors that may be exhibited (e.g. runner, wander, eat non-edible items, head-butt):**

**Popular Destinations (e.g. library, swimming pool, restaurant, store):**

**What do you want DARA Full-time Staff to know?**

**What do you want medical staff to know?**

**What's missing?**