PERSONAL EMERGENCY PROFILE

DATE: __________________

NAME: __________________ AGE: ___

ADDRESS: __________________

PHYSICAL DESCRIPTION: __________________

PLACE PHOTO HERE

EMERGENCY CONTACT(S) IF LOST, I MAY BE FOUND AT: __________________

(Likely places to go)

NAME: __________________ PHONE NUMBER: __________________

NAME: __________________ PHONE NUMBER: __________________

RESTRICTIONS: (Allergies and diet)

__________________________________________________________

__________________________________________________________

SIGNS OF ESCALATION: (Do’s and don’ts)

__________________________________________________________

__________________________________________________________

MEDICAL NEEDS:

DIAGNOSIS: __________________

MEDICATION/DOSES: __________________

HEALTH CONCERNS: __________________

LIKES: (Attractions, favorite things, hobbies interests, foods, etc.)

__________________________________________________________

__________________________________________________________

DISLIKES: (Triggers, sensitivities, fears, things to avoid.)

__________________________________________________________

__________________________________________________________

Annually (or more frequently) complete and share with school staff, family, friends, neighbors, caregivers, police, fire, and rescue professionals.

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COMMUNICATION: (Does the individual speak in full sentences, phrases, has some words, is non verbal, uses pictures, uses a device, uses sign language.)

Place familiar pictures/icons below if they help the individual to communicate. In an emergency situation these can be used by pointing.