Annually (or	more frequently) c	complete and share	e with school staff,	family, friends, nei	ighbors, caregivers	, police, fire, and re	scue professionals	
PERSONAL EMERGENCY PROFILE DOB_					PLACE PHOTO HERE			
	1E:			AGE				
ADDRESS:								
PHYSICAL DESCRIPTION:					TRAC	TRACKING FREQUENCY # (If applicable)		
+ EMER	RGENCY C	ONTACT(S) IF LOST,	MAY BE FOU	JND AT:	(Likely places)	20 (10)	
NAME: PHONE NUMBER:								
NAME:	NAME: PHONE					NUMBER:		
RESTRICTIONS (Allergies and diet) MEDICAL NEEDS (Diagnosis, health concerns) SIGNS OF ESCALATION (Changes in behavior that show increased or decreased anxiety, anger, etc. Recommendations for do's and don'ts.)								
LIKES (Attractions, favorite things, hobbies, interests, foods, drinks, verbal exchanges, etc.) DISLIKES (Triggers, sensitivities, fears, things to avoid, foods, drinks, verbal exchanges, etc.) Symbols aid understanding and communication for everyone. Show and point to symbols when talking with a rescued person.								
eat Yes	drink pain owi	cold	Mom lost	Dad Add personal message here	call home	go home Add personal message here	deep breath No	