Personal Information Sheet for First Responders

This sheet provides essential information about your child to help first responders respond effectively during an emergency. Keep a copy with you, share it with trusted caregivers, and ensure it's easily accessible.

Child's Personal Information

Full Name: _____

Date of Birth: _____

Home Address: _____

Primary Language: _____

Emergency Contacts

Primary Contact Name: _____

Relationship: _____

Phone Number: _____

Secondary Contact Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Diagnosis/Condition(s): _____

Allergies: _____

Medications: _____

Other Medical Needs: _____

Behavior and Sensory Needs

Sensory Sensitivities: _____

Triggers to Avoid: _____

Calming Techniques: _____

Communication Preferences

Primary Communication Method: _____

Key Phrases or Gestures to Note: _____

Challenges with Communication: _____

Additional Notes for First Responders

Behavioral Considerations: _____

Safety Concerns: _____

Best Approach for Interaction: _____

Attach Photos or Supporting Documents

- Recent photo of your child
- Copy of any medical ID cards or prescriptions

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