

Emergency Fact Sheet

Client's Name				Nickname					Photo of person to be placed in this box
Current Address									
Former Address									
Sex	Race	Birth Date	Age	Height*	Weight*	Build	Hair	Eyes	
		___/___/___							
Distinguishing Marks									
Legal Competency Status									
If Legal Guardian, Name						Phone			
Family Address (if other)						Phone			
Training Program/School Address						Phone			
Work Address						Phone			
Relevant Emergency Medical Information, Allergy, Medication needs, etc.									
Physician's Name				Address			Phone		
Language/Communication				Ability to Protect Self Without Assistance					
Significant Behavior Characteristics				Likely Response to Search					
Pattern of Movement, If Lost Previously				Places Frequented					
Relevant Capabilities, Limitations and Preferences									
Probable Dress*									
Where and When the Individual was Last Seen*						Date*		Time*	
Contact Person(s)						Phone #			
<i>Note: Asterisked (*) items are left blank on original, and filled in on copy if and when the individuals lost Except age, height, hight which must be recoreded at all times on the form. These three items may be recorded in pencil.</i>									
Client's Name						Area			
Record Location									