

Language Spoken in Home: _____ Will RUN AWAY/ BOLT from Responder? _____

Special Needs Awareness 9-1-1

Checklist for 9-1-1 Systems, First Responders & Emergency Room Staff

Keep a copy of this form in the glove box of your vehicle, in your home, and send to your local emergency dispatch service.

Name of Individual with Special Need _____

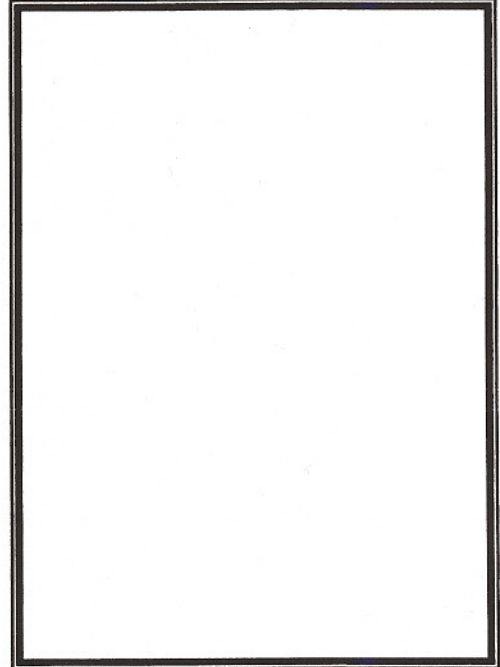
Address _____ City/State _____

Date of birth _____ Age at photo _____

Current physical description: (photo at right)

height _____ weight _____ hair color _____ eye color _____

Name of Parents/other primary care provider



Call the following phone numbers in the order listed to connect the individual with someone they know:

Names (parents list yourself)	Phone numbers
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Calming Techniques:

Sensory Issues:

Seeks: _____

Avoids: _____

Medical Conditions/Issues:

