



Emergency Identification Sheet



Date: ____/____/____

Personal Identifying Information

Name: _____ DOB: ____/____/____

Physical Description: i.e., 5'10, 150 lbs., brown hair, green eyes, etc.

Identifying marks or scars:

Do they wear a locative device? ID bracelets? If so, provide some information

Emergency Contacts

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Medical Information

Medical needs or medications: _____

Allergies or dietary restrictions: _____

Other Helpful Considerations

Identify locations the individual is likely to go: Be specific: water/pool/lake/ocean, movies, gas station, etc.

What does escalation look like? Crying, running, rocking, aggression, etc.

De-escalation techniques: What has helped in the past?

Best way to approach individual:

Identify likes: Favorite toys, characters, songs, tv shows, etc.

Identify dislikes/triggers: Things to avoid, fears, sensitivities; noises, lights, helicopters, etc.

Preferred Communication: Speaking/non speaking, visuals, sign language

A safe word or any identifier to indicate to the individual that you are a safe person:

Please note this is a **voluntary program and by completing this form you are giving the City of Cumming Police Department permission to enter the above information into the communications database for information purposes only. The above information will not be shared with any other entity.*