

EMERGENCY CONTACT FORM

I AM

**PLACE
PHOTO
HERE**

CHILD NAME _____

HAIR COLOR _____ HEIGHT _____

AGE _____ WEIGHT _____

METHOD OF COMMUNICATION (verbal and nonverbal)

ALLERGIES/DIAGNOSIS _____

ADDITIONAL INFORMATION _____

IN EMERGENCY CONTACT

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____

ADDRESS _____



AUTISM MOMS KNOW SAFETY