

Child-Specific Emergency Profile

Completed by parent or legal caregiver • Page 1 of 2 • Attach a current photograph

CURRENT PHOTO

CHILD'S FULL NAME

NICKNAME / NAME USED

DATE OF BIRTH / AGE

HEIGHT / APPROXIMATE WEIGHT

HOME ADDRESS

PARENT / CAREGIVER NAMES

PRIMARY AND SECONDARY PHONE

COMMUNICATION

- ☐ Speaks reliably
- ☐ Some words
- ☐ Nonverbal
- ☐ Communication device
- ☐ Pictures / gestures
- ☐ May not respond

WORDS, PICTURES, SONGS, VIDEOS, OR SOUNDS THAT MAY HELP

LANGUAGES UNDERSTOOD OR USED

Child-Specific Emergency Profile

Completed by parent or legal caregiver • Page 2 of 2 • Update whenever needs or abilities change

MAY BE DRAWN TO / LIKELY DESTINATIONS

MAY HIDE IN OR RETURN TO / PREVIOUS LOCATIONS FOUND

RUNNING, HIDING, FREEZING, OR INTERPRETING PURSUIT AS PLAY

TOUCH TOLERANCE AND APPROACH CONSIDERATIONS

SENSORY TRIGGERS AND CALMING INTERESTS

MEDICAL NEEDS, ALLERGIES, PAIN COMMUNICATION, PICA, OR INGESTION RISKS

LOCATING DEVICE / ID AND SCHOOL OR PROGRAM CONTACT

Last updated: _____ Completed by: _____

Responder-to-Family Encounter Log

Record observable facts, supports used, and follow-up information. Follow agency reporting and privacy requirements.

DATE / TIME

AGENCY / UNIT / RESPONDER CONTACT

LOCATION CHILD WAS FOUND

ENVIRONMENTAL CONDITIONS / IMMEDIATE HAZARDS

OBSERVED WHEN LOCATED

- | | | | |
|---|---|---|-------------------------------------|
| ☐ Moving / running | ☐ Hiding | ☐ Still / frozen | ☐ Distressed |
| ☐ Laughing / playful | ☐ No verbal response | ☐ Avoided touch | |

APPROACH, WORDS, VISUALS, OBJECTS, OR PEOPLE THAT HELPED

POSSIBLE INJURY, HEAT, EXPOSURE, PAIN, INGESTION, OR MEDICAL CONCERN

MEDICAL ASSESSMENT OR TRANSPORT INFORMATION, IF APPLICABLE

CHILD RELEASED / REUNITED TO AND RECOMMENDED FOLLOW-UP

Family-to-Responder Safety Update

Use after an incident or whenever the child's abilities, routines, attractions, or supports change.

CHILD'S NAME

DATE OF UPDATE

WHAT CHANGED?

- | | | |
|--|---|---|
| ☐ New lock / exit skill | ☐ New destination / attraction | ☐ New route |
| ☐ Communication | ☐ Medical need | ☐ Touch / sensory response |
| ☐ Appearance / photo | ☐ Tracking / ID | ☐ What helps |

DESCRIBE THE CHANGE

WHAT RESPONDERS SHOULD KNOW NOW

NEW LIKELY LOCATIONS OR HAZARDS

NEW WORDS, VISUALS, PEOPLE, OR OBJECTS THAT MAY HELP

PARENT / CAREGIVER CONTACT
