



## EMERGENCY FACT SHEET

368 South Main Street, Andover, MA 01810  
978 470 3165 - info@creativelivingandover.org

NAME					SOCIAL SECURITY #					
CURRENT ADDRESS										
FORMER ADDRESS										
SEX	RACE	BIRTHDATE	AGE*	HEIGHT*	WEIGHT*	BUILD	HAIR	EYES		
DISTINGUISHING STATUS										
LEGAL GUARDIAN NAME					PHONE					
ADDRESS										
FAMILY ADDRESS (if different)					PHONE					
TRAINING PROGRAM/SCHOOL ADDRESS				PHONE		WORK ADDRESS			PHONE	
RELEVANT EMERGENCY MEDICAL INFORMATION: ALLERGIES, Medication needs, etc										
PHYSICIANS NAME					ADDRESS				PHONE	
LANGUAGE/COMMUNICATION							ABILITY TO PROTECT SELF, WITHOUT ASSISTANCE			
SIGNIFICANT BEHAVIOR CHARACTERISTICS							LIKELY RESPONSE TO SEARCH EFFORTS			
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) AND PHONE:										
<p><b>NOTE:</b> Asterisked (*) items are left blank on original, and filled in on copy if and when the individual is lost, <u>Except</u> age, height, weight which must be recorded at all times on the form. These three items may be recorded in pencil.</p>										
NAME:			COMMONWEALTH OF MASSACHUSETTS				DMR AREA OFFICE:			
RECORD LOCATION:										

