



Creative Living Inc.

368 South Main Street, Andover, MA 01810

Emergency Fact Sheet

| | | | | | | | | | | | |
|--|------|-----------|-------------------------------|----------|-------------------|--------------|---|-------|-------|--|--|
| NAME | | | | NICKNAME | | | | | | | |
| 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: | | | | | | | | | | | |
| NOTE: 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. | | | | | | | | | | | |
| NAME: | | | COMMONWEALTH OF MASSACHUSETTS | | | | DMR AREA OFFICE: | | | | |
| RECORD LOCATION: | | | | | | | | | | | |