

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:									