

Alert for Missing Child with a Disability

Today's Date: _____

Child's Name: _____
(First) (M.I.) (Last)

Date of Birth: _____ Age: _____

Preferred Name: _____ Gender: _____ Height: _____

Address: _____
(Street) (City) (State) (Zip) Weight: _____



Eye Color: _____

Hair Color: _____

Things that might help identify my child: (Scars, wears glasses, ID bracelet, etc.) _____

Medical Conditions: _____

Medications: _____

Tracking Transmitter (If child has one) Brand: _____ Tracking #: _____

Favorite attractions or locations: _____

Behaviors that may attract attention of Responders: _____

Child's Preferred Method of Communication: (Sign language, words, sounds, pictures, etc.) _____

Any other helpful information: _____

EMERGENCY CONTACT INFORMATION

Name of Parents/Guardians: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Cell) (Home) (Work)

Other Emergency Contacts

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____