

NAME				NICKNAME					New Photo Coming Soon			
CURRENT ADDRESS												
FORMER ADDRESS												
SEX	RACE	BIRTHDATE	AGE*	HEIGHT*	WEIGHT*	BUILD	HAIR	EYES				
DISTINGUISHING MARKS												
LEGAL COMPETENCY STATUS												
IF LEGAL GUARDIAN, NAME				PHONE								
ADDRESS												
FAMILY ADDRESS (IF DIFFERENT)				PHONE								
TRAINING PROGRAM/SCHOOL ADDRESS				PHONE		WORK ADDRESS			PHONE			
RELEVANT EMERGENCY INFORMATION: Diagnoses: Allergies: Medications:												
PHYSICIAN'S 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*				
never been lost												
CONTACT PERSON(S):								PHONE - RESIDENCE				
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			AREA			LAST UPDATED:				
RECORD LOCATION		<h1>EMERGENCY FACT SHEET</h1>										