Emergency Communication 4 ALL

FREE SPACE (for your custom message)

I can't speak but I can hear and understand you.

My vital information is on the back on this page.

My technology needs to be charged.

> Please contact my family.

.Picture Communication Aid Ask me questions if you need to, but please wait patiently for my replies.

I will point to where I hurt.





WHO



You, yours



Broken



Need/Want



Blanket



Disaster



Home

| III | III















B

G









WHAT



He, his, him

They, them,

their



Choke

Communicate



Spell

Talk



Cold



Family

Fire



Sick

Pets













Worried

100 p







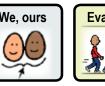


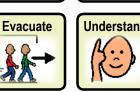




























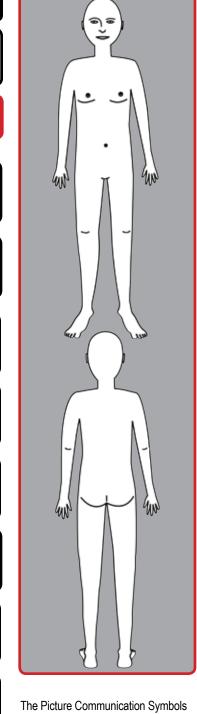












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PERSONAL INFORMATION	6. PRESCRIPTION MEDICATIONS	13. EQUIPMENT/SUPPORT NEEDED
4 NAME	Name & Dosage	FOR INDEPENDENCE
1. NAME	Name & Dosage	Personal Assistance Services
DOB	Name & Dosage	Name
Address	Name & Dosage	Phone
Cell Phone	Name & Dosage	Allotted Hours
Home Phone	7. OVER THE COUNTER DRUGS	Mobility/Transferring
Email	1)	
2. EMERGENCY CONTACT	2)	Communication
Name	8. PHARMACY NAME	
Address		Hygiene/Toileting /Vision
Cell Phone	Contact Person	
Home Phone	Phone	Telephone Use
Relation	9. ALLERGIES [complete list]	
3. 2ND EMERGENCY CONTACT		Finances (Writing
Name		Finances/Writing
Address	10. RELEVANT MEDICAL HISTORY [brief]	
Cell Phone		Cooking
Home Phone		
Relation_		Eating and Diet
4. DOCTOR		
Name	11. SUPPORT AGENCY [if applicable]	Transportation
Address		
Phone		Service Animals
5. HEALTH INSURANCE	12. MEDICAL EQUIPMENT/TECHNOLOGY SUPPLIER	
□Private □Medicare □Medicaid □Other		To at the second Disabilities
Policy Number		Institute on Disabilities
Date Issued		College of Education