

My name is

My address is

My telephone number is

Home/Mobile

My age is _____

My date of birth is

My emergency contacts are

Tel. _____



Photo

I am verbal/non verbal

I communicate by

I need /do not need support to go to the toilet

I need /do not need medication

I have/do not have allergies

I have/do not have dietary needs

Sometimes I feel e.g. anxious/
upset/sad/overwhelmed

You can help by e.g. giving me
space/distracting me

I really like

I really don't like
