



LOS ANGELES COUNTY FIRE DEPARTMENT CONTACT INFORMATION CARD

When I am in distress, please give me time and space to process, if possible.
You can contact my parent(s)/caregiver(s) as listed.

I HAVE SPECIAL NEEDS.

I may:

- ∞ Not respond as expected.
- ∞ Be nonverbal or limited verbally (i.e., repeating statements) and unable to express my thoughts and feelings.
- ∞ Appear as if I am not listening, but I am.
- ∞ Be sensitive to lights and loud noises.
- ∞ Be agitated or anxious due to a disturbance in my routine or schedule.
- ∞ Find ways to self-soothe by stimming (i.e., rocking back and forth, fidgeting, flapping hands, etc.).
- ∞ Resist help.
- ∞ Be unaware of danger (i.e., wander or bolt.).

MY NAME IS

MY PARENT/CAREGIVER'S NAME:

MY PARENT/CAREGIVER'S NUMBER:

OTHER HELPFUL INFORMATION (i.e., medical needs, sensory sensitivities, items that provide comfort, preferred items, etc.):
