

Information About Me

| My name | The nickname I like to use |
|---|-----------------------------------|
| My address | My phone number |
| In case of emergency or to help to resolve a problem, contact | |
| The person's name | The person's phone number |
| My important medical information | Things I like the most |
| | Things that are hard for me to do |
| The way I communicate with others | |

Things that upset me the most

When I get upset, these are ways you can help



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