

## 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

