

# All About Your Child

Place a picture of your child  
here

## Table of Contents

Page 3	All about me on one page
Page 4	All about my strengths
Page 5	All about my weaknesses
Page 6	All about how to keep me safe
Page 7	All about when to know I need help
Page 8	All about my medical equipment
Page 10	All about _____ disorder or disease
Page 13	All about _____ disorder or disease
Page 14	All about _____ disorder or disease
Page 15	All about information for first responders in an emergency

## All about me on one page

Insert picture here	<b>Name</b> Age: City School Entering ____ Grade Diagnoses: _____	<b>Mom's Info</b> Mom's Cell phone: Mom's Email: Mom's Website:
<b>My Favorite Things Are:</b> ↑	<b>Things I don't like:</b> ↑ ↑ ↑ ↑ ↑	<b>Things I find difficult to understand:</b> ↑ ↑ ↑ ↑
<b>The best way to keep my attention is:</b> ↑ ↑. ↑	<b>To help me learn and keep me focused:</b> ↑	<b>I will need help with:</b> ↑ ↑ ↑
<b>You can tell I am getting stressed if:</b> ↑	<b>If I do get stressed:</b> ↑	<b>About Autism: People who have autism generally...</b> ↑

The best instructions for me include:

- 1.
- 2.
- 3.
- 4.

All about my strengths

PICTURE GOES HERE

Put points about your child here. Things they like. Favorite movies. Things they do not like.

All about my weaknesses

Put a flattering picture of your child here

Put points about your child's weaknesses here. Be clear and honest about what their needs are. But remember they are people first.

## All about how to keep me safe

Put points here about their health needs

**If the child has severe behavior needs put points here to help keep them and their friends safe**

**Also put information about medications here too**

All about when to know I need help:

If any of the following take place, send me to the nurse immediately

List reasons why your child should go to the nurse here

All about my medical equipment:

If your child has medical equipment, put pictures of it here and explanations on what it does and how to trouble shoot it if necessary.



All about \_\_\_\_\_ disorder or disease

Go online and search for a fact sheet about your child's condition and put it here

All about \_\_\_\_\_ disorder or disease

Go online and search for a fact sheet about your child's condition and put it here

All about \_\_\_\_\_ disorder or disease

Go online and search for a fact sheet about your child's condition and put it here

# All about information for first responders in an emergency

Name DOB

In the event of an emergency, FIRST RESPONDERS MUST TRANSPORT TO SCOTTISH RITE ONLY!

Current Medications and doctors:

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

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Ⓟ \_\_\_\_\_

Current medical equipment:

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

Current diagnoses:

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Ⓟ \_\_\_\_\_

Ⓟ \_\_\_\_\_

⌚ \_\_\_\_\_

⌚ \_\_\_\_\_

⌚ \_\_\_\_\_

Doctors:

Doctor Name – Specialty - Number

Doctor Name – Specialty - Number

Doctor Name – Specialty - Number

Doctor Name – Specialty - Number

Doctor Name – Specialty - Number

Doctor Name – Specialty - Number

Doctor Name – Specialty - Number

Pharmacy and home health companies

Pharmacy Name - Number

Home Health Company Name - Number