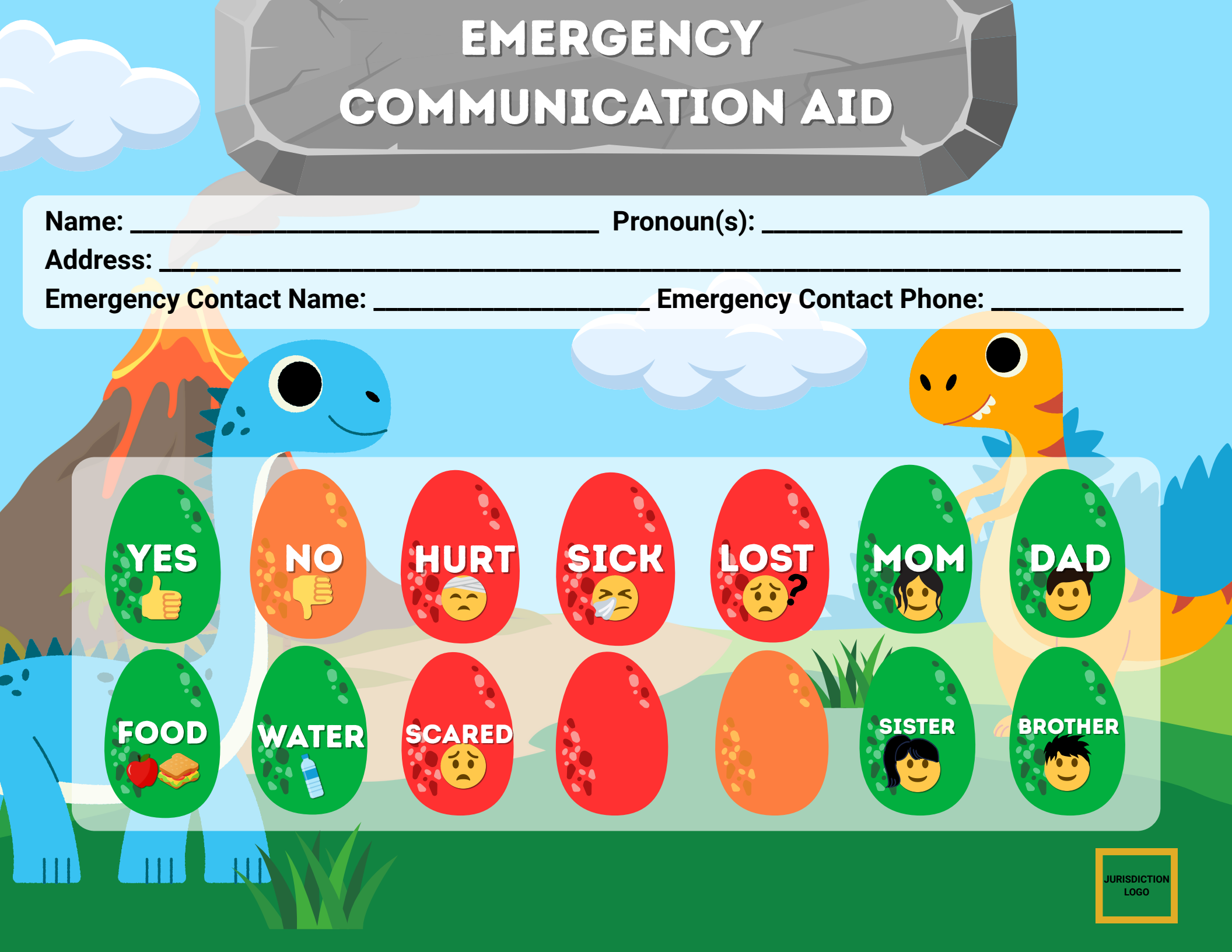
EMERGENCY COMMUNICATION AID

Name: _____ Pronoun(s): _____

Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____



JURISDICTION LOGO

EMERGENCY COMMUNICATION AID

YES

NO

GO

OKAY

STOP

TIRED

MEDICINE

WATER

TOILET

PAIN SCALE

WHERE DOES IT HURT?

JURISDICTION LOGO