

Tennessee Department of Health  
Family Health & Wellness Division  
Children & Youth with Special Health Care Needs  
(CYSHCN)

# Emergency Alert Child With Special Needs Decal

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Calming Methods: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

