

READ ME

READ ME

READ ME

I HAVE A MOBILITY DISABILITY.

ENGLISH IS NOT MY PRIMARY LANGUAGE

I CANNOT MOVE QUICKLY OR ON COMMAND

I MAY NEED TO SIT, STOP, OR REST

DO NOT SEPARATE ME FROM MY MOBILITY DEVICE

MOBILITY DEVICE MAY NOT BE PRESENT

DO NOT TOUCH ME - I MAY BE IN DISTRESS

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EMERGENCY CONTACTS

Name	Phone Number
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LAWYER

Name/Firm	Phone Number
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MEDICAL CONDITIONS / ALLERGY

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URGENT MEDICATIONS

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