

# READ ME

I AM DISABLED

ENGLISH IS NOT MY PRIMARY LANGUAGE

VERBAL DIRECTIONS MAYBE HARD TO UNDERSTAND

MOVE SLOWLY - USE SIMPLE LANGUAGE

I CANNOT MOVE QUICKLY OR ON COMMAND

MOBILITY DEVICE MAY NOT BE PRESENT

I MAY NOT BE ABLE TO RESPOND

DO NOT TOUCH ME - I MAY BE IN DISTRESS

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**EMERGENCY CONTACTS**

Name	Phone Number
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Name	Phone Number
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**LAWYER**

Name/Firm	Phone Number
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**MEDICAL CONDITIONS / ALLERGY**

- \_\_\_\_\_
- \_\_\_\_\_

**URGENT MEDICATIONS**

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