

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: _____

