



Mental Health Crisis Information

Caregiver's Guide

MODULE 5

What is the purpose of this form? The purpose of this form is to assist and inform emergency personnel about the student, who may not be able to communicate this information during a crisis event.

Why does my child need this form? Individuals with disabilities may experience a crisis at some point in their life that results in intervention with law enforcement or medical emergency staff, who will need to obtain important information about the individual. Preparing for the future is imperative, and having this measure in place today will help advocate for your student's specific needs when or if the unexpected happens.

How is the form used? The completed form is intended to be folded and carried by the student in their personal belongings (i.e., pocket, wallet, purse) and given to emergency personnel when needed. It would be helpful to place this form near the student's insurance and identification cards.

This form may also assist in applying for a Premise Alert with your local police department. A Premise Alert is tied to a specific residence and informs law enforcement about the individual with disabilities who lives on the premises, so that extra consideration of their personal needs is provided. To apply for a Premise Alert, call the non-emergency line of your local police department.

Who should complete this form? The form should be completed by the student's caregiver with input from the student prior to a crisis event. This form should be updated regularly as the information may change.

Where can I find my local mental health authority's crisis line? The phone numbers for all local mental health authority crisis lines are listed under Mental Health Crisis Services on the Texas Health and Human Services Commission website at <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services>.



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Mental Health Crisis Information

This form provides critical information pertinent to a student with a disability and is intended to be shared with emergency personnel during a crisis event. This form may also assist in applying for a Premise Alert with the local police department.

Name: _____ Date of Birth: _____

Address: _____

Lives with: _____

Medical & Health Conditions

- Blind Deaf Non-Verbal Intellectual/Developmental Disability
 Mental Illness Diabetic Seizure Disorder Traumatic Brain Injury

Other conditions or specific disorders/disabilities

Prescribed medications

Communication considerations

Favorite personal items, interests, activities, etc.

Dislikes, avoidances, sensory issues, dietary restrictions, etc.

Emergency Contacts

Name

Name

Local Mental Health Authority Crisis Line

Relationship to Individual

Relationship to Individual

Local Police Department's Phone Number

Phone Number

Phone Number

Personal Care Physician's Phone Number