**These things make me sad or cross…**

**Things that help me…**

**These things make me happy…**

**I like to…**

**Some other things you should know…**

**Medical information:**

**Allergies:**

**Here is what you need to know about my disability…**

**My Name is…**

**I like to be called…**

**Emergency contact number:**

**If I am sad or cross then please…**

**I don’t like to…**