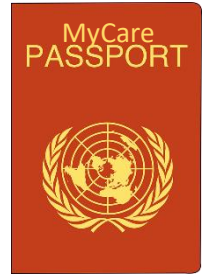




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MyCare Passport



If you are taking care of me while my parents or other family caregivers get a break, this is what you need to know about me.

PLEASE READ THIS


My full name is:
I like to be called:
My date of birth is: I am ____ years old.

My picture (optional)!

Date completed:


This passport has important information that you need to know so you can better support me and keep me safe. Please review it with my family and keep it handy so you can refer to it if you have questions about my care that I cannot answer.

How to reach my parent/guardian during my care:




I communicate using:

(Ex. Speech, sign language, sounds, gestures, etc.)


	

My brief medical history:

(Highlight current or chronic health problems, operations, illnesses, etc.)


My current medications &/or over the counter drugs/vitamins:

		How I take medication:

None


I am allergic to:

Kind of reaction:


		

None

If I am in pain, I show it by:


	

If I get upset, the best way you can help is by:


I need/use these supports for moving around in/out of the house:

(EX. Wheelchair, walker, cane, physical support, etc.)


Walks independently without assistance

When using the bathroom, I will need your help with:


Independent

When bathing, I will need your help with:

Independent

When dressing, I will need your help with:

Independent

During meals, I will need your help with:


Independent

Other help I may need:




Here are some things I enjoy around me, or I like to do:

(Also foods I like.)

Here are some things I do not want around me, or I do not like to do:

(Also foods I do NOT like.)

Other stuff I want you to know about me:



From my family/guardian for while they are gone:

Signature of person completing this form:

(Attach other pages as needed.)