

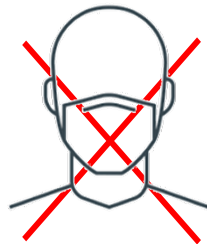
I AM ON THE AUTISTIC SPECTRUM



I CAN'T WEAR A MASK DUE TO _____

@jgjanegreen
Supported by SEDS

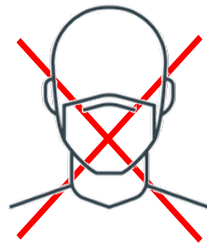
I AM AUTISTIC



I CAN'T WEAR A MASK DUE TO _____

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I AM A CARER / ESSENTIAL COMPANION

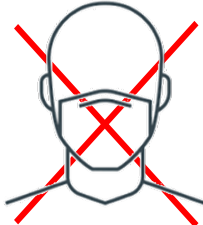


I CAN'T WEAR A MASK DUE TO

@jjanegreen

Supported by SEDS

I CANNOT WEAR A MASK



I CAN'T WEAR A MASK DUE TO

@jjanegreen
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TIPS

This card is not ratified or validated, but can, during COVID-19, be used to signify any problems with wearing a mask when required on public transport, in medical establishments, or where you cannot safely social distance yourself from others.

Who is it for?

Anyone, but children should have an adult/carers guidance & permission
Some adults might need specialist advice from their carer or medical practitioner, if applicable.

How can it help?

It can help raise awareness of the reasons why individuals may refrain from wearing a mask.
It can also help reduce anxiety that may arise from not being able to wear a mask, or having to explain the reasons why in a situation where they are normally required.

How to use it

Cards can be downloaded using Adobe Acrobat from our website (www.sussexeds.com) as many times as you need them

1. Head to the Website
2. Navigate to the Medical Alert Page. Download the Cards using
3. Adobe Acrobat
4. Complete the cards using 'fill & sign' as necessary, or ask someone to help you. Print out & keep the cards with you in your
5. wallet

(If you do not have access to Adobe or an alternative PDF editor the cards can be printed out and hand completed)



A picture can also be taken and saved on your mobile phone with other Medical ID information.

*Think about your personal safety as this card will contain your personal data.

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I AM ON THE AUTISTIC SPECTRUM

I HAVE DIFFERENCES WITH:

I NEED YOU TO KNOW THAT:

1. _____

2. _____

3. _____

4. _____

ANYTHING ELSE?

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I AM AUTISTIC

I HAVE DIFFERENCES WITH:

I NEED YOU TO KNOW THAT:

1.

2.

3.

4.

ANYTHING ELSE?

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I AM A CARER
AND ESSENTIAL COMPANION

I AM A _____ CARER AND NEED TO BE INCLUDED IN:

IN THE EVENT OF ILLNESS PLEASE CONTACT: _____

CONTACT 1 _____

CONTACT 2 _____

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MEDICAL ALERT INFORMATION

NAME:
ADDRESS:
.....
POSTCODE: BLOOD GROUP IF KNOWN: DOB:
NHS NO: PHONE MOB: HOME:.....
.....
.....

NOTIFY IN EMERGENCY

NAME: RELATIONSHIP:
NAME: RELATIONSHIP:
CONTACT DETAILS:
OTHER INFO:

MEDICAL CONDITION 1
MEDICAL CONDITION 2
MEDICAL CONDITION 3
MEDICAL CONDITION 4
OTHER CONDITION/ISSUES

MEDICATIONS:
.....
.....

ALLERGIES:
.....
.....

GP DETAILS:
.....

TO NOTE

All basic key medical information will be on NHS digital records.

This emergency measure alert card can be printed but ideally keep this on your phone as well.

Blood types are always checked at the hospital. If you know you have a rare type please add in other conditions/issues.

If you are not a formal carer but still care for someone, this might be useful for you to keep as well.

Attach your latest prescription and dosage of medications if possible to this card.