



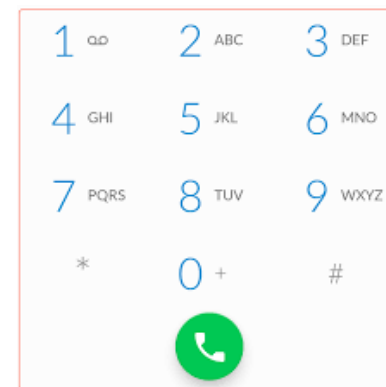
name



first name



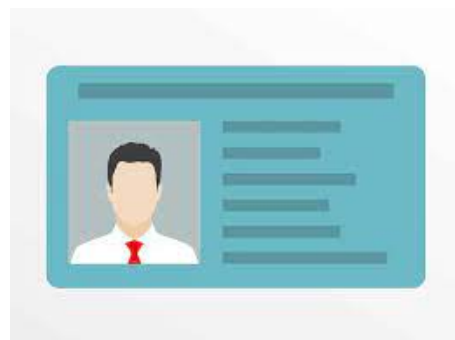
last name



phone number



address



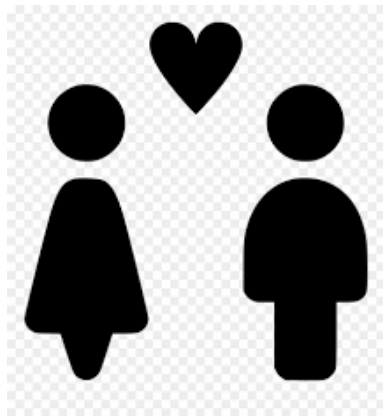
Identification
(I.D.)



insurance



location



relationship



breathing



danger



safe



responsive



Who?



What?



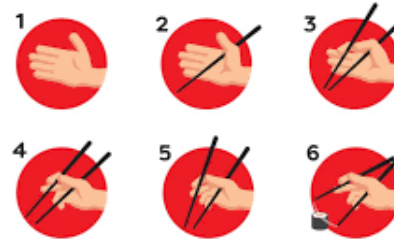
Where?



When?



Why?



How?



zero



one



two



three



four

5

five

6

six

7

seven

8

eight

9

nine

10

ten

11

eleven

12

twelve

13

thirteen

14

fourteen

15

fifteen

16

sixteen

17

seventeen

18

eighteen

19

nineteen

20

twenty



thirty



forty



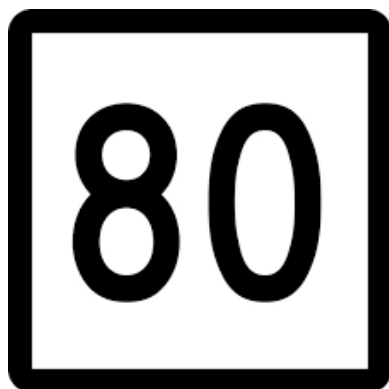
fifty



sixty



seventy



eighty



ninety



one hundred



friend



sister



brother



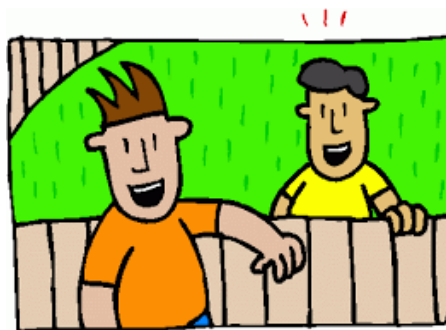
dad



mom



child



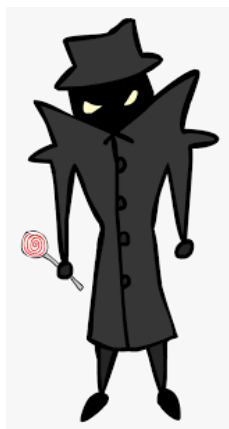
neighbor



co-worker



babysitter



stranger