



**City of Oconomowoc Police Department
SPECIAL NEEDS ALERT FORM
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

STAFF ONLY Date Submitted: _____
Date Entered: _____ By: _____

Individual's Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ Preferred Name: _____

Does the Individual live alone? Yes No



INDIVIDUAL'S PHYSICAL DESCRIPTION

<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Eye Color:	Hair Color:
Scars or other identifying marks:				
Primary Diagnosis/Disability:				
Other Relevant Medical Conditions / Behaviors in addition to Primary Diagnosis/Disability <i>(check all that apply)</i> :				
<input type="checkbox"/> No Sense of Danger	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Non-Verbal	
<input type="checkbox"/> Prone to Seizures	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Combative/Aggressive		
<input type="checkbox"/> Other <i>(please explain)</i> : _____				
Prescription Medications Needed:				
Sensory or Dietary Issues, if any:				
Additional Information First Responders may need:				

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):
Emergency Contact Address <i>(Street, City, State, Zip)</i> :
Emergency Contact Phone Numbers:
<i>Home:</i> _____ <i>Work:</i> _____ <i>Cell Phone:</i> _____
Name of Alternate Emergency Contact:
Alternate Emergency Contact Phone Numbers:
<i>Home:</i> _____ <i>Work:</i> _____ <i>Cell Phone:</i> _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Method of Preferred **NON-VERBAL** Communication (*sign language, picture boards, written words, communication devices, I-Pads, etc.*):

Method of Preferred **VERBAL** Communication (*preferred words, sounds, songs, phrases they may respond to*):

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

Identification information, including where it is located (*i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc?*):

Tracking Information (*Does the individual have any tracking devices?*):

RESET FORM

SUBMITTED BY (*Parent/Guardian*): _____

SELECT TO EMAIL TO PD