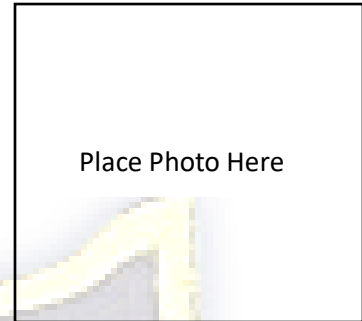


SPECIAL NEEDS EMERGENCY INFORMATION FORM

CAD NUMBER:

ADDRESS:
NAME:
NICKNAME:
HOME PHONE NUMBER:
WORK PHONE NUMBER:



PHYSICAL DESCRIPTION:	METHOD OF COMMUNICATION:
DATE OF BIRTH:	VERBAL <input type="checkbox"/>
HEIGHT:	NON- VERBAL: <input type="checkbox"/> SIGN LANGUAGE
WEIGHT:	<input type="checkbox"/> PICTURE BOARD
EYE COLOR:	<input type="checkbox"/> WRITTEN WORD
HAIR COLOR:	OTHER:

ADDITIONAL EMERGENCY CONTACT INFORMATION

PARENT AND/OR GUARDIAN:	ADDITIONAL CONTACT:
ADDRESS:	ADDRESS:
HOME PHONE NUMBER:	HOME PHONE NUMBER:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
CELL PHONE NUMBER:	CELL PHONE NUMBER:

DESCRIBE ANY UNIQUE OR SPECIAL BEHAVIOURS/CHARACTERISTICS FOR THIS INDIVIDUAL:

DESCRIBE BEST APPROACH TECHNIQUE FOR RESPONDERS TO USE WITH THIS INDIVIDUAL:

DESCRIBE ANY SENSORY, MEDICAL OR DIETARY ISSUES FOR THIS INDIVIDUAL:

ID WEAR: JEWELRY, TAGS, NAME ON CLOTHES TATTOOS, ETC...:

LIST FAVORITE PLACES WHERE THIS INDIVIDUAL MIGHT BE LIKELY TO GO OR LOCATED:

Please email completed form to:

clerical@willoughbypolice.com

OR MAIL OR DROP OFF COMPLETED FORM:

WILLOUGHBY POLICE DEPARTMENT

36700 EUCLID AVENUE

WILLOUGHBY, OHIO 44094

FAX:

440-953-4380

