

Intellectual & Developmental Disability
EMERGENCY MEDICAL INFORMATION

Last Name	First Name
Date of Birth	Developmental Age
Race	Sex
Height	Weight
Hair Color	Eye Color
Scars or Birthmarks	

Glasses: Y or N
Does he/she carry any special identification or tracker? Y or N
Please describe:

<p>Tape a photo here or paperclip it to this form. Do not staple it.</p>
<p>PLACE PHOTO HERE</p>

IMPORTANT ADDRESS INFORMATION

HOME ADDRESS	
Address:	
Phone:	
SCHOOL ADDRESS	
Address:	
Phone:	

EMERGENCY CONTACTS

CONTACT #1 Name:	
Address:	
Phone:	
CONTACT #2 Name:	
Address:	
Phone:	
CONTACT #3 Name:	
Address:	
Phone:	

Medical Concerns			
Allergies			
How does he/she communicate?	VERBAL	NON-VERBAL	ASL
Noise Sensitivity	YES		NO
Sensitive to Touch	YES		NO
Eye Contact	YES		NO
Does he/she engage in self-stimulating behavior? (Such as repetitive or unusual body movement or noises)	Please Describe		
Does he/she run away from home/school?	YES		NO
Where does he/she go?			
Alcohol/Drug use?			
Prior arrests/contact with the Police?			
History of violence against police/parents/others?			
Does he/she have any specific fears?			
List any triggers that may upset him/her:			
Does he/she hyper-fixate on any particular object or theme?			
List any other pertinent information:			

.....

RELEASE

I, _____ give my permission to the Mercer County Sheriff's Office to retain and distribute this information to first responders/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

Print Name: _____

Signature: _____

Date: _____