

**ALERT FORM: PERSON-SPECIFIC INFORMATION FOR
LAW ENFORCEMENT/FIRST RESPONDERS**

INDIVIDUAL'S PERSONAL INFORMATION:

DATE: / /

Name: (First)	(M.I.)	(Last)	(Nickname)
Home Address:	City:	State:	Zip:
D.O.B: / /	Age:	Does the Individual live alone? YES/NO <small>(Circle One)</small>	

INDIVIDUAL'S PHYSICAL DESCRIPTION:

Male/Female <small>(Circle One)</small>	Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____
Identifying Marks (i.e. scars, birthmarks, etc.): _____ _____				
Diagnosed Condition(s): _____				
Relevant medical Information: <small>(check all that apply)</small>				
<input type="checkbox"/> No Sense of Danger	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Impaired Mental Health	<input type="checkbox"/> Deaf	
<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Prone to Seizures	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Blind	
If Other, Please explain: _____ _____				
Prescription Medications needed: _____ _____				
Sensory or dietary issues, if any: _____ _____				
Additional information First Responders may need: _____ _____				

EMERGENCY CONTACT INFORMATION: (Parents/Guardians or Care Providers)

(1.) Name of Emergency Contact: (First)		(Last)	Relationship:
Home Address:	City:	State:	Zip:
(Home #) () -	(Work #) () -	(Cell #) () -	
(2.) Name of Emergency Contact: (First)		(Last)	Relationship:
Home Address:	City:	State:	Zip:
(Home #) () -	(Work #) () -	(Cell #) () -	

INFORMATION SPECIFIC TO THE INDIVIDUAL

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:

Method of Preferred Communication: (If verbal: preferred words, sounds, songs, and phrases they may respond to/ If nonverbal: Sign language, picture boards, written words, etc.):

Identification Information: (i.e. Identification jewelry, tags, ID card, medical alert bracelets, GPS tracking device, etc.):

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CONSENT/DISCLOSURE

I/we, the undersigned parent(s) or legal guardian(s) of the above named individual request that the Shawano County Sheriff's Office retain the aforementioned information within its record keeping system and make such information available to law enforcement or emergency response personnel as may be appropriate as determined by the Shawano County Sheriff's Office.

I/we understand that should we desire this information be altered or removed from the system it shall be my/our responsibility to request such in writing. I/we further understand that this request shall otherwise be considered as valid in cases involving minor children until the individual reaches the age of majority. At such time the individual may formally request that the information may remain on file or be removed, however this decision is subject to the discretion of the Sheriff or his/her designated records custodian.

I/we further understand that this service is being offered as a proactive measure designed to provide important information to emergency responders, and that instances may arise requiring its disclosure.

I/we, on behalf of ourselves and the individual, further completely release Shawano County and its Sheriff's Office and employees for and from any claims, lawsuits, demands and actions of any nature for any liability or damages, if any, resulting in any way from making such information available as noted herein.

(Parent/Guardian Signature)

(Date)

ATTACH PICTURE HERE

