

# Special Needs Emergency Information Form

Please complete the following form and submit it to the Huntington Woods Department of Public Safety. Our agency will keep the form on file for future reference and will forward a copy to the Berkley Department of Public Safety for entry into the CAD (Computer-Aided Dispatch) system. The information will appear on a computer screen when responding to an emergency call to your home. The information will alert emergency responders, prior to their arrival, to the possibility of a unique situation involving a person with special needs.

1. Be sure to attach a photograph of the adult or child with special needs to the form. Update this photograph annually.
2. Give as many details as possible regarding characteristics and behaviors that may attract attention or may be misunderstood. For example: If the person repeats everything that is said, won't look at the person talking to them or makes certain hand or body gestures, etc. Give as many details as to the likes and dislikes of the person with special needs.
3. Give specific information for sensory, medical, or dietary issues. For example: If the flashing lights or loud siren on emergency vehicles upsets the person, or the person does not feel pain (even when they are in obvious pain or the person feels pain when lightly touched), etc.
4. Attach a list of precautionary security measures that are in place at the person's residence. For example: If the windows have bars on them, or if they are made of Plexiglas or Lexan; if there are locks on all doors; if there is a locked gate around the property, etc. These are important details for emergency responders to know ahead of time, so that they are prepared to handle the special safety measures when they arrive on scene.

## General Information

Address	
Name	
Nickname	
Home Phone #	
Cell Phone #	
Work Phone #	

## Physical Description of Person

Age & D.O.B.	
Height	
Weight	
Hair Color	
Eye Color	
Additional:	

## Additional Emergency Contact Information

Name of Parent/Guardian	
Address	
Home Phone #	
Cell Phone #	
Work Phone #	

## Additional Emergency Contact Information

Name of Parent/Guardian	
Address	
Home Phone #	
Cell Phone #	
Work Phone #	

## Method of Communication

Verbal:	<input type="checkbox"/>
Non Verbal:	<input type="checkbox"/> Sign Language
	<input type="checkbox"/> Picture Board
	<input type="checkbox"/> Written Words
Other:	

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Describe any unique or special behaviors/characteristics for this individual:


Describe the best approach techniques for first responders to use with this individual:


Describe any sensory, medical or dietary issues for this individual:


Identification: jewelry, marks/tags, clothing, tattoos, piercings, etc.


List favorite places where this individual might be found:


Additional information for first responders:
