

LINKED SAFETY ALERT FORM

This form provides first responders quick access to important information regarding individuals with differing abilities.

Please be sure to include all information that you believe can support first responders in ensuring the safety of a vulnerable person in a crisis.



Insert recent photo of individual.



Photo within a year

First Name

Last Name

Mother's Name/Cell #

Any nickname child may answer to

Father's Name/Cell #

Address

Emergency Contact #1 Name/Cell #

DOB

Male

Female

Emergency Contact #2 Name/Cell #

Weight

Height

Emergency Contact #3 Name/Cell #

Hair color

Eye color

Will the individual respond to his/her name?

Yes

No

Does the individual have a fear of K9s?

Yes

No

School's Name & Address: _____

Make/Model/Color of Vehicle (Parent or Individual): _____

Individual's official diagnosis: _____

Individual's identifying marks, medications (and dosages) & medical needs:

Please check all that apply to the individual:

Blind	Hearing Impairment	Non-Verbal
Intellectual Disabilities	Cognitive Impairment	Prone to seiures
If other, please explain: _____		

Communication Ability:

Verbal	Non-Verbal	ASL	AAC Device
Has Written Ability	Scripts	PEC Cards	Can respond to Yes or No Questions

List best means of communication in stressful situations:

Sensitivity To:

Noise	Touch	Light	Crowds	Textures
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Behaviors:

Sensory Seeking	Vocal Stims	Self-Injurious	Lack of fear/danger
Elopement	Aggression	Eye Contact Avoidance	Will run if chased

Does this individual have the ability to follow commands?	Yes	No
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Dislikes of the individual:

Favorite attractions or locations:

Favorite toys, objects, songs, movies, TV Shows, discussion of topics:

Additional information first responders may need:

Consent/Permission

I, _____, give my full permission to the Wallingford Police & Fire Departments to retain this information, to be kept on file for the purposes of identification and the assistance relative to differing abilities.

Signature

Date

Email