

## Murray Police Department



## Special Needs Emergency Contact and Identifying form

Name of pe	erson with disabil	lity	Preferred Name	Date of Birth
	Weight	Eye Color	Hair Color	Scars or Identifying marks
Address		City,	State, Zip	Home Phone
Medical Conditions		Othe	er Conditions	Other Phone
Method of	Communication	(if non-verbal: sig	n language, picture b	pooks or stories, written word, etc.)
Identification	on Worn: (jewelr	y, Medic Alert, cl	othing tags, ID card, t	cracking monitor, etc.)
Favorite at	tractions or locat	ions where perso	n may be found (if m	uissing)
Likes/Dislik	es (include appro	pach and de-escal	ation techniques)	
Sensory/M	edical/Dietary iss	ues or requireme	ents	
Any other i	mportant inform	ation (attach extr	ra paper if necessary)	
EMERGENO	CY CONTACT INFO	)		
Parent/Careg	giver Info			
Medical care	e Providers			