

**Watchung Police Department  
Special Needs Emergency Information Form**

Name of child or adult: \_\_\_\_\_

Nickname if any: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ DOB: \_\_\_\_\_ Hair: \_\_\_\_\_

Scars Marks Tattoos: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Method of communication, if nonverbal: sign language, picture boards, written words etc:  
\_\_\_\_\_

Identification worn: ex: jewelry/Medic Alert, clothing tags, ID card, tracking monitor, etc:  
\_\_\_\_\_

Current prescriptions: \_\_\_\_\_

Sensory, medical, or dietary Issues and requirements, if any: \_\_\_\_\_

Inclination for wandering behaviors or characteristics that may attract attention:  
\_\_\_\_\_

Favorite attractions and locations where person may be found if missing:  
\_\_\_\_\_

Like and dislikes (include approach and de-escalation techniques):  
\_\_\_\_\_

Medical Care Providers and or other medical assistance: ex: medical machine/assistance:  
\_\_\_\_\_

Parent/Caregiver Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ ph#: \_\_\_\_\_ cell#: \_\_\_\_\_

Other important Information: \_\_\_\_\_

Photo attached ( Check ):      **Yes**                      **No**