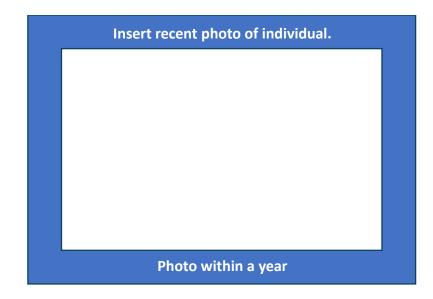
LINKED SAFETY ALERT FORM

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.





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				
Weight	Height		Emergency Contact #2 Name/Cell #		
Hair color	Eye color		Emergency Contact #3 Name/Cell #		
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 (Pare	nt or Individual):			
Individual's offical diagnosis:					

Individual's identifying marks, medications (and dosages) & medical needs:							
Please check all that apply	to the individual:						
Blind Intellectual Disabilition If other, please explain:	es Cogn	Hearing Impariment Cognitive Impairment		Non-Verbal Prone to seziures			
Communication Ability: Verbal Has Written Ability List best means of commun	Non-Verbal Scripts nication in stressful sit		Cards	Can r	Device espond to Yes Questions		
Sensitivity To: Noise	Touch	Light	Crowds		Textures		
Behaviors: Sensory Seeking Elopement	Vocal Stims Aggression	Self-Inj	jurious Intact Avoidanc		of fear/danger run if chased		
Does this individual have the ability to follow commands? Yes No							
Dislikes of the individual:							
Favorite attractions or loca	tions:						
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 Naugatuc Department to retain this information, to be kept on file for the purposes of identificati the assistance relative to differing abilities.			
G			
Signature	Date		
Email			

SUBMIT THIS FORM BY:

- 1) PRINTING AND RETURNING TO THE NAUGATUCK POLICE DEPARTMENT IN PERSON OR BY MAIL.
- 2) SAVE AND EMAIL FORM, WITH SUBJECT TITLED "LINKED FORM" TO TFREDERICKS@NAUGATUCKPD.ORG
- 3) YOU MAY ALSO EMAIL THIS BY CLICKING THE "SUBMIT FORM" BUTTON BELOW AND ATTACHING YOUR SAVED FORM, WITH THE SUBJECT TITLED "LINKED FORM".

SUBMIT FORM