

# 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  
Intellectual Disabilities  
Hearing Impairment  
Cognitive Impairment  
Non-Verbal  
Prone to seiures  
If other, please explain: \_\_\_\_\_

**Communication Ability:**

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

List best means of communication in stressful situations:

**Sensitivity To:**

Noise Touch Light Crowds Textures

**Behaviors:**

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

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

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 Marshall County Sheriff's Department to retain this information, to be kept on file for the purposes of identification and the assistance relative to differing abilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email