



METHUEN POLICE DEPARTMENT DISABILITY ALERT FORM

Person-Specific Information for First Responders

Date Submitted _____

Attach Current Photo Here

Individuals Name: _____

Preferred Name: _____

Address: _____

Date of Birth: _____ Age: _____

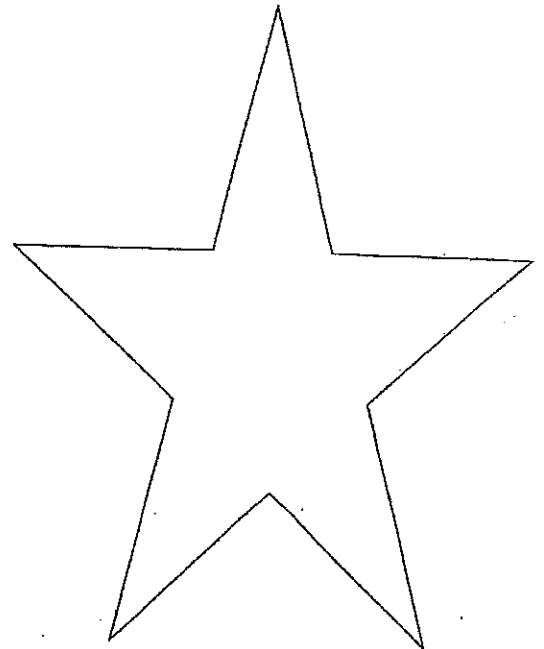
Emergency Contact

Name: _____ Contact #: _____

Relationship to individual _____

Name: _____ Contact #: _____

Relationship to individual _____



Individuals physical description:

Male _____ Female _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ Skin Tone _____

Scars or other identifying marks _____

Prescription Medications Needed: _____

Relevant Medical conditions and or disabilities:

Blind ___ Deaf ___ Non Verbal ___ Cognitive Impairment ___ Autism ___
Learning Disability ___ ADHD ___ Down's Syndrome ___ Dyslexia ___
Cerebral Palsy ___ Attracted to Water ___ Individual has no sense of Danger ___
Muscular Dystrophy ___ Prone to Seizures ___ Emotional Disturbances ___
Food and other Allergies _____

Sensory or Dietary issues _____

Calming Methods, and any additional information regarding the individual that would be helpful to first responders: _____

Location(s) Individual May Go To: _____
