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# METHUEN POLICE DEPARTMENT & METHUEN SEPAC DISABILITY ALERT FORM

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Person-Specific Information for First Responders

Date Submitted \_\_\_\_\_

Attach Current Photo Here

Individuals Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

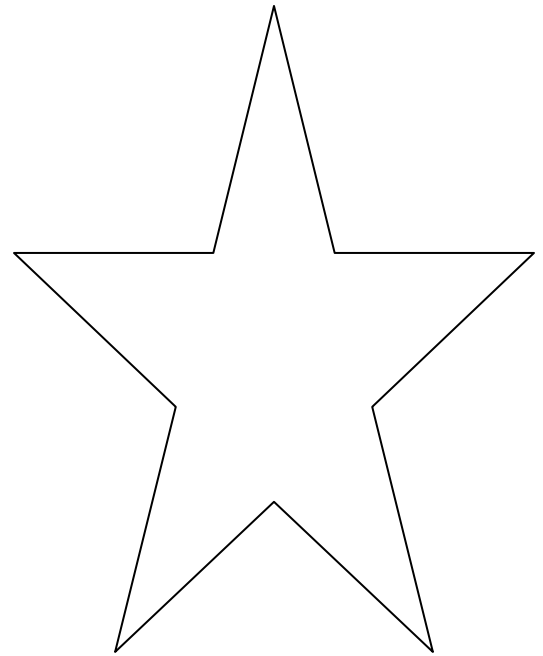
Emergency Contact

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**

Check off what is pertinent to the individual

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 \_\_\_\_\_

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