



# DEVELOPMENTAL DISABILITY ALERT FORM

## PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS



### PERSONAL INFORMATION

Individual's Full Legal Name	Preferred Name	Attach Current Photo Here
Date of Birth	Address	
Individual's Cell Phone Number	Cell Phone Carrier	
Does the Individual Live Alone?	Michigan ID No. (if applicable)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### PHYSICAL DESCRIPTION

Gender	Height	Weight	Eye Color	Hair Color
Male <input type="checkbox"/> Female <input type="checkbox"/>				
Scars or Other Identifying Marks				

### ADDITIONAL INFORMATION

Relevant Medical/Behavioral Conditions (check all that apply)			
<input type="checkbox"/> No sense of danger	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Non-verbal
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Attracted to water	<input type="checkbox"/> Prone to seizures	<input type="checkbox"/> Autism
<input type="checkbox"/> Allergies (List Below)	<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Violent	<input type="checkbox"/> Suicidal
Prescription Medications Needed			
Name of Medication	Dose	Time	Side Effects

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Atypical behaviors or characteristics that may attract the attention of responders:

Known Triggers that may cause negative behavior: (flashing lights, sirens, physical touch)

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

Calming Methods and any additional information responders may find helpful:

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Individuals preferred method of communication (If nonverbal: sign language, picture boards, written words, assistive technologies, etc.):

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Identification information (i.e. do they wear tags, ID card, medical alert bracelet, etc.):

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Tracking Information:

Company Name	Type of Device
Company Phone Number	Tracking Number (if applicable)

List nearby water sources and favorite attractions or locations where the individual may be found:

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**EMERGENCY CONTACT INFORMATION**

List parent, guardian, head of residence, care provider, or conservator.

Name	Relationship
Primary Phone Number	Other Phone Number
Address	
Alternate 1 Name	Relationship
Alternate 1 Primary Phone Number	Other Phone Number
Address	
Alternate 2 Name	Relationship
Alternate 2 Primary Phone Number	Other Phone Number
Address	

PRIVACY DISCLAIMER: Please note that any information provided herein and shared with law enforcement may not be kept private. The information, including, without limitation, personal characteristics and medical information, may be shared with other law enforcement personnel in an effort to better interact with and/or locate the subject individual and return him/her home safely. By sharing any information contained herein to law enforcement, you represent and warrant that you are authorized to provide the information on behalf of the subject individual, and consent to such information being shared in the sole discretion of law enforcement.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**PLEASE COMPLETE THIS FORM AND RETURN IT TO:  
 Port Huron Police Department  
 100 McMorran Blvd.  
 Port Huron, MI 48060**