



## Sandwich Police Department Special Needs Emergency Information Form

Name:	Nickname:
Address:	
Phone:	

**Physical Descriptors:****Method of Communication:**

Date of Birth:	
Height:	
Weight:	
Eye Color:	
Hair Color:	
Scars, Marks, Tattoos:	

Verbal:	<input type="checkbox"/>
Non Verbal:	<input type="checkbox"/> Sign Language
	<input type="checkbox"/> Picture Board
	<input type="checkbox"/> Written Word
Other:	

**Emergency Contact Information:**

Name of Parent/Guardian:	
Address:	
Phone:	
Alternative Phone:	

Additional Contact:	
Address:	
Phone:	
Alternative Phone:	

**Describe any unique or special behaviors/characteristics/sensory issues for this individual:**

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**Describe the best approach technique for responders to use with this individual:**

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**List favorite places where this individual might be found:**

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**This section is for any additional information:**



**Please attach a recent digital photo of the individual to the email that contains this completed document. A photo will assist our officers in recognizing the individual.**

**Email the completed form and photo to: [records@sandwich.il.us](mailto:records@sandwich.il.us)**