



# NORTH READING PERSON WITH DISABILITY INFORMATION SHEET

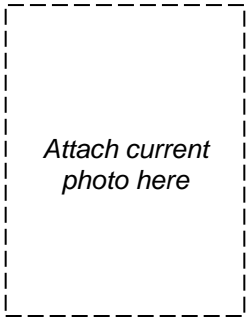
Date Submitted: \_\_\_\_\_

Individual's Name \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Preferred Name \_\_\_\_\_

Does the Individual live alone? \_\_\_\_\_



## Individual's Physical Description:

\_\_\_ Male \_\_\_ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Scars or other identifying marks: \_\_\_\_\_

Other Relevant Medical Conditions (check all that apply):

\_\_\_ No Sense of Danger \_\_\_ Blind \_\_\_ Deaf \_\_\_ Non-Verbal \_\_\_ Intellectual Disability

\_\_\_ Prone to Seizures \_\_\_ Cognitive Impairment \_\_\_ Other

If Other, Please explain: \_\_\_\_\_

Prescription Medications needed:

Sensory or dietary issues, if any:

Additional information First Responders may need:

## EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Alternative Emergency Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INFORMATION SPECIFIC TO THE INDIVIDUAL**

Favorite attractions or locations where the individual may be found:

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Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

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

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Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

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Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

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Identification Information. ( i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

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Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

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