



PERSON WITH DISABILITY-EMERGENCY INFORMATION

Please print legibly and attach two current photos

Name: _____

Nickname: _____ Last First Middle
Date of Birth: ____/____/____

Address: _____

City: _____ State: ____ Zip Code: _____ Tel: (____) _____

School/Employer: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Tel: (____) _____

Primary Disability: _____

DESCRIPTION

Race: _____ Sex: m f Height: _____ ft _____ in Weight: _____ lbs

Hair: _____ Eyes: _____

Special Identifiers (scars/ marks/ tattoos/piercing): _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Tel: (____) _____ Cell/Work Tel: (____) _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Tel: (____) _____ Cell/Work Tel: (____) _____



PERSON WITH DISABILITY-EMERGENCY INFORMATION

Method of Communication: _____

Atypical Behavior or Characteristics that might attract attention: _____

Sensory, Medical, Dietary Issues: _____

Approach and De-Escalation Techniques: _____

Favorite Objects or Discussion Topics: _____

I, _____, parent/guardian of above-named individual, give the Champaign and the Urbana Police Departments permission to keep this photo and information regarding my son/daughter for emergency purposes only. I understand that my child's name will be entered into the ARMS system with an alert added to their name. I understand that my child's name will be entered into a premise file in Tiburon – CAD Database. I understand that the information contained herein is for the CPD and UPD's internal information ONLY and cannot be accessed by others. I understand that it is my responsibility to annually update the above information and provide it to either the Champaign or Urbana Police Departments.

(Parent/Guardian Signature)

_____/_____/_____
(Date)