

SPECIAL NEEDS / WANDERING ALERT FORM



Person-Specific Information for First Responders

Please complete form and <u>include a current photo</u>. Both the form and photo can be emailed to Somer Oliva at <u>soliva@nridgeville.org</u>, or dropped off to the North Ridgeville Police Department.

Name:					
(First)	(M.I.)		(Last)		
Date of Birth	Age	Nickname			
Male Female	Height: W	eight: Eye color:	Hair color: Glasses:		
Scars or other identifying	marks:				
Verbal Non-Verk	oal Diagnosis:				
Address:					
Lives with:					
Location and ease of acce	ss to any weapons	in the home:			
Attracted to water	Attracted to	trains and/or train tracks	Other:		
Emergency Contact Information	on				
lame of Emergency Contact 1:		Cell #			
Address:		Home#:	Work#		
Name of Emergency Contact 2:			Cell #		
Address:		Home#:	Work#		
Preferred Doctor:		Phone:	Preferred Hospital:		
Medical					
			wears diapers or pull-ups Pica (puts non-food items in moutl		
Other health conditions:					
Prescription Medications Needed	:				
Dietary Restrictions & Any Allergia					

Prior Wandering Incident Yes No							
If yes, where has he/she been found before?							
Favorite hiding place at home:							
Communication Vocals Pictures Sign language Can read Device: Difficulty answering questions Can answer Yes/No questions Understands if you speak slowly with few words Will usually give up an item if you say "3, 2, 1—ok my turns."	Can respond to short commands, like "Stop" or "Do This" Echolalia (will repeat you rather than answer your question) Understands visual cues and modeling						
Good words to use / phrases that calm: (for example, "Let's a	go see Mommy & your dog Buster"):						
Trigger words not to use (No, Stop):							
Sensory Issues / Triggers Sensitive to: noise light touch crowds Dislikes/avoids: eye contact strangers being wet Other:							
Atypical behaviors Makes vocal stimming / high pitched noises Will run if chased Speaks loudly but is not typically aggressive Doesn't show emotion on face Can be aggressive: Other:	 Self-injury: Difficulty recognizing faces (including family) Little or no sense of danger Sensory seeking (crashes into things) 						
Calming methods, Preferred items Noise-blocking headphones Candy Ask why he/she is upset, explain that things will be ok Toys: Other:	Calm and quiet voice Time alone Music:						
Favorite topics to talk about (people, places, cartoon charact	ters, tv shows):						
Calming ways to touch (hugs, high five, hold hands, rub arms	s, bear hugs, etc.):						

AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby give my permission to the North Ridgeville Police Department and its employees to retain and distribute the attached photo and the information contained in this form to other first responder personnel, or media outlets for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation. By signing the Release of Information, you are agreeing to the release terms posted above.

Please prin	t or type individual for whic	ch information release is	authorized:			
NAME:		DOB:		SSN:		
Parent, Leg	al Guardian or Power of At	torney authorizing relea	se:			
	Last Name	First Name	<u> </u>		Middle Initial	
Current Ad	dress:					
	Street Number	Street Name	City	State	Zip Code	
	Signature of Parent/Legal Guardian/POA			Date		

^{**}This information needs to be updated on an annual basis for the form to be pertinent and useful. Please plan on providing updated information to the North Ridgeville Police Department.