



Police Department

Rick Evans
Chief of Police

SPECIAL NEEDS ALERT FORM

PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

DATE SUBMITTED: _____

INDIVIDUAL INFORMATION

Name of individual: _____

Preferred Name: _____

Address: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____

Name: _____

Phone Number: _____

Relationship to Individual: _____

Photo Instructions

For our records, please email a picture of the individual to :

DHAMILTON@KINGSLANDGA.GOV

(In case of an emergency, first responders will be able to identify the individual)

Email the following:

- Most recent picture of individual
- First & Last name

INDIVIDUALS PHYSICAL DESCRIPTION:

Male _____ Female _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ Skin Tone _____

Scars or other identifying marks: _____

Prescription Medications Needed: _____

Kingsland Police Department
111 South Seaboard Street
Kingsland, GA 31548
Phone: 912-729-8254



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Relevant Medical conditions and or disabilities:

Please check off any information that pertains to the individual:

Blind _____ Deaf _____ Non Verbal _____ Cognitive Impairment _____
Learning Disability _____ ADHD _____ Down's Syndrome _____ Dyslexia _____
Cerebral Palsy _____ Attracted to Water _____ Individual has no sense of Danger _____
Muscular Dystrophy _____ Prone to Seizurs _____ Emotional Disturbance _____

Food and other Allergies: _____

Sensory or Dietary Issues: _____

Calming Methods and any additional information regarding the individual that would be helpful to first responders _____

