

LINKED SAFETY ALERT FORM

This form provides first responders quick access to important information regarding individuals with differing abilities.

Please be sure to include all information that you believe can support first responders in ensuring the safety of a vulnerable person in a crisis.



Insert recent photo of individual.

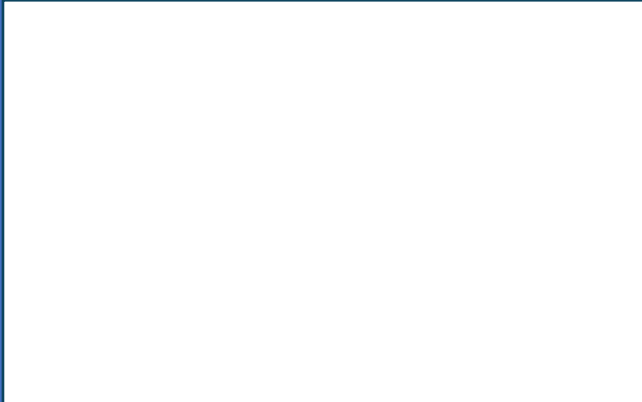


Photo within a year

First Name

Last Name

Mother's Name/Cell #

Any nickname child may answer to

Father's Name/Cell #

Address

Emergency Contact #1 Name/Cell #

DOB Male Female

Emergency Contact #2 Name/Cell #

Weight Height

Emergency Contact #3 Name/Cell #

Hair color Eye color

Will the individual respond to his/her name? Yes No

Does the individual have a fear of K9s? Yes No

School's Name & Address: _____

Make/Model/Color of Vehicle (Parent or Individual): _____

Individual's official diagnosis: _____

Consent/Permission

I, _____, give my full permission to the Naugatuck Police Department to retain this information, to be kept on file for the purposes of identification and the assistance relative to differing abilities.

Signature

Date

Email

SUBMIT THIS FORM BY:

- 1) PRINTING AND RETURNING TO THE NAUGATUCK POLICE DEPARTMENT IN PERSON OR BY MAIL.
- 2) SAVE AND EMAIL FORM, WITH SUBJECT TITLED "LINKED FORM" TO TFREDERICKS@NAUGATUCKPD.ORG
- 3) YOU MAY ALSO EMAIL THIS BY CLICKING THE "SUBMIT FORM" BUTTON BELOW AND ATTACHING YOUR SAVED FORM, WITH THE SUBJECT TITLED "LINKED FORM".

SUBMIT FORM