



## Sandwich Police Department Special Needs Emergency Information Form

<b>Name:</b>	<b>Nickname:</b>
<b>Address:</b>	
<b>Phone:</b>	

**Physical Descriptors:**

**Method of Communication:**

<b>Date of Birth:</b>	
<b>Height:</b>	
<b>Weight:</b>	
<b>Eye Color:</b>	
<b>Hair Color:</b>	
<b>Scars, Marks, Tattoos:</b>	

<b>Verbal:</b>	<input type="checkbox"/>	
<b>Non Verbal:</b>	<input type="checkbox"/>	Sign Language
	<input type="checkbox"/>	Picture Board
	<input type="checkbox"/>	Written Word
<b>Other:</b>		

**Emergency Contact Information:**

<b>Name of Parent/Guardian:</b>		<b>Additional Contact:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Alternative Phone:</b>		<b>Alternative Phone:</b>	

**Describe any unique or special behaviors/characteristics/sensory issues for this individual:**

**Describe the best approach technique for responders to use with this individual:**

**List favorite places where this individual might be found:**

**This section is for any additional information:**

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.

**Please attach a recent digital photo of the individual to the email that contains this completed document. A photo will assist our officers in recognizing the individual.**

**Email the completed form and photo to: [records@sandwich.il.us](mailto:records@sandwich.il.us)**