



# HINSDALE POLICE DEPARTMENT

## MEDICAL/MENTAL HEALTH / DISABILITY VITAL EMERGENCY INFORMATION

Registrant's Name:			Date Form Completed:	/ /
Address:				
Phone Number:	Home- ( ) -	Cell- ( ) -		
Date of Birth			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Height	Weight	Eyes	Hair	Ethnicity
Scars, Marks or Tattoos:				

### Emergency Contacts

Name:	Address:	Primary Phone:	Relationship:
1.			
2.			
3.			
4.			

#### Sensory Issue and/or Medical Conditions

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- Autism Spectrum
- Developmental Disability
- Physical Disability
- Non-Verbal
- Deaf
- Blind
- Alzheimer's Disease
- Prone to Seizures
- Dementia
- Mental Health Challenges
- Acquired Brain Injury
- Medical (diabetes, O2, etc)
- Other

#### Calming Techniques:

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#### Further information 1<sup>st</sup> Responders may need to know:

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#### Photo:

May Run from 1<sup>st</sup> Responders: Yes  No

Individual Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_