



TOWNSHIP OF OLD BRIDGE
DEPARTMENT OF PUBLIC SAFETY
ONE OLD BRIDGE PLAZA • OLD BRIDGE • NEW JERSEY • 08857
732-721-5600 Ext. 3170 Fax: 732-607-7929

William A. Volkert
Chief of Police

SPECIAL NEEDS EMERGENCY INFORMATION FORM AND PHOTOGRAPH

Date: _____

Name of child or adult: _____ Nickname: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars or Identifying Marks: _____

Medical Conditions: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Method of communication, if non-verbal: sign language, picture boards, written word, etc.:

Identification worn: ex: jewelry/Media Alert[®], clothing tags, ID card, tracking monitor, etc.:

Current prescriptions (include dosage):

Sensory, medical, or dietary issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions and locations where person may be found if missing:

Likes and dislikes (include approach and de-escalation techniques):

Medical Care Provider: Name: _____ Phone: _____

Parents/Caregiver Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Other Important Information: _____

Please return this form in person or via email with a current photograph to mjeffries@oldbridge.com

Updated 08/08/2018