



# WANDERING ALERT FORM PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Preferred Name \_\_\_\_\_

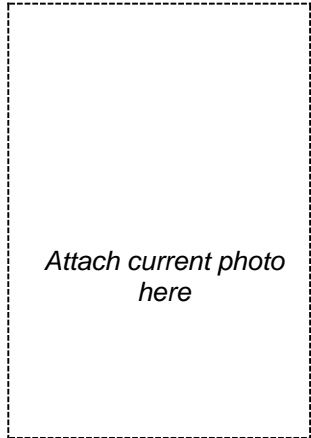
Does the Individual live alone? \_\_\_\_\_

Date submitted to law enforcement: \_\_\_\_\_

**Individual's Physical Description:**

\_\_\_ Male \_\_\_ Female Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_



Scars or other identifying marks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Relevant Medical Conditions *(check all that apply)*:

- No Sense of Danger       Blind       Deaf
- Mental Retardation       Autism       Alzheimer's
- Other Dementia       Prone to Seizures
- Cognitive Impairment       Non-Verbal       Other

## If Other, Please explain:

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## Prescription Medications needed:

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## Sensory or dietary issues, if any:

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## Additional information First Responders may need:

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## EMERGENCY CONTACT INFORMATION

Name of Emergency Contact(s) (Parents, Guardians, Head of Household/  
Residence, or Care Providers):

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Emergency Contact's Address:

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(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Alternative Emergency Contact:

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Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



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## INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

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Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

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Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

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Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

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Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

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Identification Information. ( i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

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Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

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**For more information contact:**

**Center for Inclusive Design and Engineering  
1201 5<sup>th</sup> St., Suite 240  
Denver, CO 80204**

**303.315.1280 office  
303.315.1270 fax**

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