

LA PORTE



POLICE



FIRE



EMS

INFORMATION FOR FIRST RESPONDERS:

Individual's Name:

Date of Birth:

Address:

City:

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Male: _____

Female : _____

Scars or other identifying marks:

Attach Photo Here

Relevant Medical Conditions:

- ***HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUAL'S HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE.***

On any of the following please be specific with any and all pertinent information:

Physical Disability:

Developmental Disability:

Deaf:

Non-Verbal:

Blind:

Autism:

Mental Health Challenges:

Diabetes:

Mental Retardation:

Prone to Seizures:

Acquired Brain Injury:

Alzheimer's Disease:

Dementia:

Other Relevant Medical Conditions:

Area for further explanation:

Prescription Medications needed and the dosage that is given :

Prescription Name Given:	Dosage	How Often
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Additional information First Responders may need:

Does the Individual live alone? _____

Is he/she likely to wander off? _____

Location of bedroom or likely place to find the Individual in the household/residence at night:

EMERGENCY CONTACT INFORMATION

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

1) _____

2) _____

3) _____

4) _____

5) _____

Emergency Contact 's Address:

1) Work:

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Home:

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2) Work:

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Home:

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3) Work:

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Home:

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4) Work:

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Home:

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5) Work:

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Home:

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Emergency Contact's Phone Numbers:

1) Home:

TTD/TTY:

Work:

Other:

Cell:

2) Home:

TTD/TTY:

Work:

Other:

Cell:

3) Home:

Work:

Cell:

TTD/TTY

Other:

4) Home:
TTD/TTY

Work:
Other:

Cell:

5) Home:
TTD/TTY

Work:
Other:

Cell:

Alternative Contact's Phone Numbers:

1) Home:
TTD/TTY:

Work:
Other:

Cell:

2) Home:
TTD/TTY:

Work:
Other:

Cell:

3) Home:
TTD/TTY:

Work:
Other:

Cell:

4) Home:
TTD/TTY:

Work:
Other:

Cell:

5) Home:
TTD/TTY:

Work:
Other:

Cell:

INFORMATION SPECIFIC TO THE INDIVIDUAL:

Favorite attractions or locations where the Individual may be found:

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

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

De-escalation techniques or approach most likely to calm or attract the Individual:

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

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

Responding to this form is voluntary. This form may be filled out by the individual living with the specified health challenge or disability, their parent/guardian (in the case of a minor), current Foster Family, Legal Representative or Legal Guardian. If an Individual or their Representative chooses to use this form, they must provide their signature on the last page. (The signature of the person completing this form is required to process the information contained on the form.) In addition, this information may be removed from files periodically. Therefore, it is recommended that Individuals or their Representatives update and submit this form every year to ensure that files are kept updated and accurate.

Please be aware: The information provided on this form may assist Police, Fire, or Emergency Response Personnel, when they are responding to an emergency or other call from your home, for purposes of identifying and/or assisting you or another Individual in your household who is living with a disability or health challenge.

Name/ Relationship Date

Name/ Relationship Date

Any additional comments or questions feel free to contact any of the following personnel for information, questions or concerns, or to update information in the system to keep it current.

Donald Ladd – Assistant Fire Chief - La Porte Fire Dept. laddd@laportetx.gov
281-471-3607

Shawnita Watts – La Porte Ems – wattss@laportetx.gov
281-471-9244

Tammy Adams – La Porte Police Dept. – Communications adamst@laportetx.gov
281-471-2141

Shaye Bradley – La Porte Police Dept. – Communications bradleysd@laportetx.gov
281-842-3177