



TOWN OF EAST BRIDGEWATER 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:

- Autism Spectrum
- Developmental Disability
- Physical Disability
- Non-Verbal
- Deaf
- Blind
- Alzheimer's Disease
- Prone to Seizures
- Dementia
- Mental Health Challenges
- Acquired Brain Injury
- Diabetes
- Other

Calming Techniques:

Further information 1st Responders may need to know:

Photo:

May Run from 1st Responders: Yes No

Individual Completing Form: _____ Date: _____