Medical Emergency Contact Form

Return the completed form via mail or in person to the address shown to the right. Information may used by Police, Fire and Medical personnel. Complete and return a new form whenever any information changes. One form per person.

Austintown Township Police District
Attn: Medical Emergency Contact Form
92 Ohltown Rd.
Austintown, OH 44515
(330) 799-9721

Name of child or adult:

Nickname if any:

Street Address:

Home Phone:

Other Phone:

Date of Birth:

Height:

Weight:

Eye Color:

Hair Color:

Scars or identifying marks:

Medical Conditions:

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

Identification worn: ex: jewelry/Medic 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 & dislikes (include approach and de-escalation techniques):

Attach a map and address guide to nearby properties with water sources and dangerous locations highlighted.
Attach blueprint or drawing of home, with bedrooms of individual highlighted.

Medical Care Providers:

Name		Phone		Phone	
Name		Phone		Phone	
Name		Phone		Phone	

Form completed by (print name)

Date received at APD:

Form completed by (signature)

Received by:

Date form completed

Please attach any additional information, use extra paper if necessary

Parents/Primary Caregiver:

Name:		Primary Contact Number:	
Street Address:		Other Phone:	
City, State, Zip		Other Phone:	
Other contact Info:			

Other Contact/Caregiver

Name:		Primary Contact Number:	
Street Address:		Other Phone:	
City, State, Zip		Other Phone:	
Other contact Info:			

Other Contact/Caregiver

Name:		Primary Contact Number:	
Street Address:		Other Phone:	
City, State, Zip		Other Phone:	
Other contact Info:			

Any additional information	

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