

Method of preferred communication (verbal, sign language, written words, songs, phrases s/he may respond to).

I.D./Medical Alert jewelry, GPS/Tracking Devices. If GPS is worn, provide manufacturer and transmitter number.

Public safety hazard information. If applicant may become combative if restrained, confronted, etc., provide information below.

Provide any other information about the individual that may be helpful.

2. **Medical Information** - Provide the following medical information including the name of the condition causing mental impairment.

Primary Care Physician

Phone Number

After Hours Number

Physician documentation of mental impairment attached? ☐ Yes ☒ No **Notice: Documentation required to issue alert.**

All Medical
Conditions
(including
diagnosis of
mental
impairment)

Prescribed Medications	
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Drug/Other Allergies	
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3. **Vehicle Information** - Please provide information for any vehicle the applicant has access to, regardless of current driving status.

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

Year	Color	Make	Model	License Plate
Distinguishing marks, stickers, body damage:				

4. **Emergency Contact Information** - Please provide the following information for other primary caregivers and emergency contacts.

Last Name	First Name	Cell Phone	
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Last Name	First Name	Cell Phone	
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

Last Name	First Name	Cell Phone	
Home Phone	Address		
City	State	Zip Code	Alternate Contact Number

I give the City of Waxahachie, the Waxahachie Police Department and its representatives permission to disseminate information included in this application, and/or acquired through the investigation of a missing person, as deemed necessary to locate the applicant in the event s/he is reported missing or endangered in any way that requires law enforcement assistance.

I understand that personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations and the general public and do not hold the City of Waxahachie, the Waxahachie Police Department or its representatives liable for any misuse of personal information.

Signature

Print Name

Date

E-mail Address

*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****

Received By		Date Received		Time Received	
		Initial			Initial
Applicant name record created?			Emergency contact name record created?		
Alert added to applicant name record?			Emailed IT support to add address to GIS map?		
Premise alert added to applicant address?			Emailed beat officer?		
Packet scanned into applicant name record?			Name record entries/scans/etc verified by?		