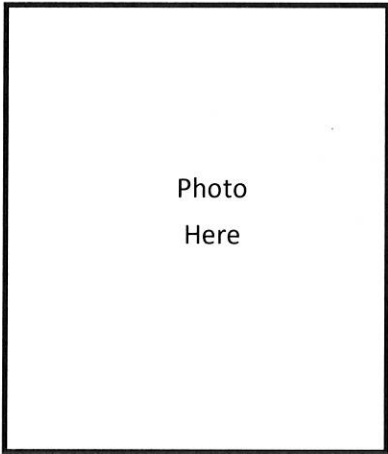


# Grant County Medical Alert Information Form



Medical Condition:

---



---



---



---



---

Name of Child/Adult:	Nickname (if any):	
Date of Birth:	Height:	Weight:
Eye Color:	Hair Color:	Glass/Contacts:
Address:	City, State, Zip	
Home Phone:	Other Phone:	

Method of Communication if non-verbal, (Sign Language, picture board, written word, technology ie; ipad, etc)

Identification worn: (medical alert jewelery, clothing tags, ID card, etc.)

Current Prescriptions (include Dosage):

Likes, hobbies, comfort talking points, include details on how to calm down and earn trust in a high stress period.

	<b>Medical Care Providers</b>
	Name/Phone:
	Name/Phone:
	Name/Phone:
Sensory/Medical/Dietary Issues, if any;	<b>Parent/Caregiver Info</b>
	Name:
	Address:
	Home Phone:
	Other Phone:
	Other Contact Info:
Inclination for wandering behaviors or characteristics that may attract attention:	<b>Emergency Contact Info</b>
	Name:
	Address:
	Home Phone:
	Other Phone:
	Relationship to person:
Favorite attractions or locations where person may be found, if missing:	

I \_\_\_\_\_, do give permission to Grant County 911 Sheriff's office and 911 dispatcher

to release any of the attached information regarding \_\_\_\_\_ to anyone responding to or assisting in an emergency situation for above individual.

Signature, \_\_\_\_\_

Date \_\_\_\_\_