Grant County Medical Alert Information Form

Name of Child/Adult: Date of Birth: Eye Color: Hair Color: Glass/Contacts: Address: City, State, Zip Home 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. Medical Care Providers Name/Phone: Name/Phone: Name/Phone: Name/Phone: Name/Phone: Address: Home Phone: Other Contact Info Name: Address: Home Phone: Other Contact Info Name: Address: Home Phone: Other Phone:	Medical Condition:			Photo Here	
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if missing: Home Phone: Other Phone:			Name:		
Other Phone:	Favorite attractions or locations who	ere person may be found,	Address:		
			Home Phone:		
Relationship to person:			Other Phor	ne:	

, do	give permission to Grant County 911 S	neriff's office and 911 dispatche
to release any of the attached information regard	ling	to anyone responding to or
assisting in an emergency situation for above indi	vidual.	_
Signature,		
Date		