

**EMERGENCY RESPONSE INFORMATION  
FOR INDIVIDUALS WITH A DISABILITY**

Name of Person with disability \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact name in event of emergency \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name and telephone of person's specialist (doctor or teacher) in case of emergency and parent/guardian cannot be reached

\_\_\_\_\_  
\_\_\_\_\_

Is the individual able to communicate with speech?  
\_\_\_\_\_

Does the individual understand receptive language (what is being said to him/her)?  
\_\_\_\_\_

If not, describe his/her method of communication \_\_\_\_\_  
\_\_\_\_\_

Would the individual be able to communicate his name, address, and telephone number in a high stress situation?  
\_\_\_\_\_

Does the individual engage in any unusual behaviors that might seem disrespectful or threatening (yelling, giggling, standing too close to people)? If so, please describe \_\_\_\_\_  
\_\_\_\_\_

In a high anxiety situation, how would the individual most likely communicate?  
\_\_\_\_\_

Is the individual prone to sensory overload?  
\_\_\_\_\_

Check what may result from sensory overload:

seizure    panic    flight    fight    withdrawal    other(please describe) \_\_\_\_\_

What might trigger what is checked above (i.e. dog bark, siren, touch)?

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Does the individual have any specific fascinations (tree climbing, water)? If so, please describe

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Is the individual threatened by any physical traits (i.e.: whiskers, hats, uniforms)? If so, please describe

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Does the individual have an accurate sense of danger?

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Does the individual have any other medical conditions or are they taking medication? If so, please describe

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Please describe anything else that would be helpful to emergency personnel (Police, Fire, EMT) who may have to respond to your household and interact with the individual:

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Height: \_\_\_\_\_      Weight: \_\_\_\_\_      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Additional: \_\_\_\_\_

Signature of Person Completing form

Date

\*In the event this information should change, please inform the Sheriff Department, either by dropping of a letter to the main office, or by mailing in a letter to the following address: Jackson County Sheriff Department, 212 W. Wesley St., Jackson, MI 49201.