



HOBOKEN POLICE DEPARTMENT
Special Needs Emergency Contact Form

Name of Individual with Special Needs: _____

Male: _____ Female: _____ Date of Birth: _____

Weight: _____ Eye Color: _____ Hair Color: _____

Scars or identifying marks: _____

Medical Diagnosis (Please List):

1. _____
2. _____
3. _____
4. _____

Street Address: _____

City: _____ State: _____ ZIP CODE: _____

Home Phone: _____ Other Phone: _____

Methods of communication, if non-verbal (sign-language, tablets, picture boards, written word, etc.):

Identification worn (medical alert jewelry, tracking monitor, clothing tags, etc.): _____

Inclination for wandering behaviors or characteristics that may attract attention: _____

Favorite attractions and locations where person may be found IF MISSING (parks, stores, restaurants, homes of relatives and/or friends): _____

If person is found, please describe the best method to be approached. Please include your child's likes and dislikes, including hobbies, food preferences, toys, fears, etc.: _____

Are there any:

Sensory Issues (loud noises, crowds, surprise human touch, poor balance, uncoordinated movements, high tolerance to pain, "thrill-seeker", etc.): _____

Dietary Restrictions (food allergies, Gluten sensitivity, special diet, etc): _____

Medical Issues (allergies, need of inhaler, side effect of medication, etc.): _____

Name of School or Daycare: _____

Address: _____

Contact Person: _____ Phone: _____

Medical Care Providers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Caregiver #1: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best Contact Phone: _____

Parent/Caregiver #2: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best Contact Phone: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

****Attach a blueprint or drawing of home, with bedrooms of individual highlighted****

Please check below if information can be released to:

_____ School System

_____ Additional law enforcement agencies, if needed

PLEASE
ATTACH
A PHOTO
HERE

Please mail completed form to:

Sgt. Melissa Gigante
Hoboken Police Department
106 Hudson Street
Hoboken, NJ 07030