



# City of Burlington Police Department

525 High Street, Burlington, NJ 08016

(609) 386-0262



## INTELLECTUAL DISABILITY ALERT

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Methods of Communication:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		<b>Sex:</b>	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Other: <input type="checkbox"/>
<b>Photo ID:</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>		<b>State:</b>	<b>Type ID:</b>
<b>Weight:</b>	<b>Height:</b>	<b>Hair Color:</b>	<b>Hair Length:</b>
<b>Race:</b>		<b>Skin Tone:</b>	
<b>Eye Color:</b>	<b>Glasses/Contacts</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/>		<b>Language Spoken:</b>
INSERT PHOTO HERE	<b>Distinguishing Features</b> (scars, marks, tattoos, other characteristics): _____ _____ _____		
	<b>Tracking Devices or Medical Alert Jewelry</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/> (if yes, please explain) _____ _____ _____		
	<b>Any Violent Tendencies</b> (such as hitting, kicking, biting, running, etc.) : _____ _____ _____		
<b>Current Medical Conditions:</b> _____ _____			
<b>Parent/Guardian(s):</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number: Home:</b>		<b>Cell:</b>	
<b>Emergency contact other than Parent/Guardian(s)</b> (Name, address, phone number of two (2) friends, relatives or neighbors):			
1. _____			
2. _____			
<b>Possible Patterns of Wandering/Favorite Locations:</b> _____ _____			
<b>Special Instructions for First Responders</b> (Interacting with, methods of approaching, calming methods, triggers (loud noises), etc.): _____ _____ _____			



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**This form is to provide the City of Burlington Police Department with accurate information on the individual listed on this form. This information will only be used for Emergency Response and Emergency Care only. If there are any medical changes these should be reported to this department immediately.**

I, \_\_\_\_\_, parent/guardian/caretaker of \_\_\_\_\_,  
do understand that it is my responsibility to update the information as it  
changes on a yearly basis.

**By signing this form, you acknowledge that you are allowing the City of Burlington Police Department to share this information in the manner they deem appropriate.**

**Print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_