



PLACE  
PHOTO  
HERE

## Ukiah Police Department Special Considerations Form

Name of Child/Adult

Address

Phone

Date of Birth

Height

Weight

Eye Color

Hair Color

Medical Conditions

Clinician / Therapist

School

Method of Communication, if non-verbal: sign language, picture boards, written board, etc.

Emergency Contact Person

Address

Phone

Behavioral Concerns/Wandering/Sensory Sensitivities/Stemming Movements/Self Harm/Etc.

Favorite attractions or locations where person may be found, if missing:

Recommended ways to approach and calming techniques:

### Authorization and Release

By signing this form below, I certify that I am authorized to provide the above information, either as a parent, caregiver, or on my own behalf. I hereby authorize the release of this information to Ukiah Police Department personnel for official use. I further acknowledge and understand that I am providing the above information voluntarily; that the purpose of this form is to provide first responders with information and resources that will allow them to better assist the subject of this form during an emergency or other encounter; that completion of this form in no way infers or guarantees any special treatment; that I am responsible for the accuracy of the information and for updating the information when it changes; and that the information may be destroyed if not updated after two years in accordance with the Ukiah Police Department's records retention policy.

Completed By:

Relationship:

Signature:

Date: