



REDFORD TOWNSHIP POLICE DEPARTMENT

Vulnerable Person Profile and Emergency Contact Form



Name: _____

Drivers License/ID: _____

Gender:	Birthdate or Age:	Non-Verbal?	Height /Weight /
Address, City & Zip Code:			
Parent / Guardian Name:		Telephone – Home/Work/Cell:	
Parent / Guardian Name:		Telephone – Home/Work/Cell:	
School & School District:		Staff Contact & Telephone #:	
Place of Employment & Address, City & Zip Code:		Contact & Telephone#:	
Communication Methods – Verbal, Sign Language, Visuals, Software:		Describe Identifying Marks / Scars:	
Medical Conditions – Autism, Seizures, ADHD etc:			
Medications:		Allergies:	
Primary Care Physician:		Telephone:	
Address, City & Zip Code:			
Important Information for Responders – Key Phrases or items that may have a calming effect.			
Behaviors that may be exhibited – i.e. runner, wanderer, eat non-edible items, head butts, or is scared easily by certain actions:			
Popular Destinations – i.e. Library, Swimming Pool, Restaurant, Store, Etc...			
Other Emergency Contact #1 - Name, Telephone #, Relationship:			
Other Emergency Contact #2 – Name Telephone #, Relationship:			
GPS / Tracking Device Information:			
Other:			

Entered by: _____
Serial #

Dated completed: _____