

# Special Circumstances Identification Information Sheet

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First Name

Last Name

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Address

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DOB

Height

Weight

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Hair Color

Eye Color

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Telephone Number

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Spouse's Name

Cell Number

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Second Contact

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Relationship

Cell Number

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Hospital Preference

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Primary Caretaker

Primary Telephone

Alternate Telephone

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Alternate Caretaker

Primary Telephone

Alternate Telephone

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Favorite locations in town

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Additional information

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I, \_\_\_\_\_, understand the information contained on this form will be retained by Seekonk Public Safety Communications. The information in this form is confidential and is only to be used by public safety personnel for the purpose of identification and the assistance with an adult who has special circumstances. This information may be shared with emergency responders during an incident or encounter with the individual(s) listed.