S.A.Id.

SPECIAL NEEDS ALERT & IDENTIFICATION PROGRAM

Participation Form

If you are a parent, guardian, or caregiver of an individual with medically diagnosed special needs, please complete the following form to participate in the program. Answer all questions completely and accurately as this information will be utilized to create the alert in our database. If you have a question regarding any portion of the form, send an email to Said@NormanOk.gov.

Information on the Individual in need of S.A.Id Alert:

First Name: _____

Middle Name: _____

Last Name: _____

Nickname: _____

Date of Birth: _____

Home Address Street: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Race: _____

Gender: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Please List Any Physical Identifiers (Scars/Marks/Tattoos/Physical Conditions): _____

_____

What are the individual's special needs? *(Check All That Apply)*

☐Visually-Impaired ☐Seizure Disorder ☐Cognitively / Developmentally Delayed
☐Legally Blind ☐Speech Impaired ☐Mood Disorder / Mental Illness
☐Hearing Impaired ☐Prosthesis ☐Paralysis (Full or Partial)
☐Deaf ☐Cerebral Palsy ☐Parkinson's
☐Immobile ☐Downs Syndrome ☐Alzheimer's / Dementia
☐Non-Verbal ☐Muscular Dystrophy ☐Autism Spectrum Disorder/ Asperger Syndrome
☐Diabetes ☐Traumatic Brain Injury ☐ Other: _____

Which of the following apply to this individual? *(Check All That Apply)*

☐Responds to verbal commands ☐Responds well to touch ☐High pain tolerance
☐Communications / speech delay ☐Light/ Siren Sensitivity ☐Wheelchair/ walker/ cane
☐Communicates with PECS ☐Sound Sensitivity ☐Tendency to Wander
☐Communicates with Sign Language ☐Uses Hearing aids ☐Fascination with water
☐Scared of fast movement/ crowd's ☐Color Sensitivity ☐Tendency to hide
☐ Use of eye glasses ☐Other: _____

What upsets this individual? _____

What is their safety item or something that calms them down? _____

Are they known to wander? _____

What is their favorite place or a common hiding place inside the home? _____

What is their favorite place or a common hiding place outside of the home? _____

Name of School or Daycare: _____

Address Street: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Primary Emergency Contact:

Relationship: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Home Address Street 1: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Secondary Emergency Contact

Relationship: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Home Address Street 1: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Photo:

Please attach a recent head and shoulders photo of the individual. If possible, please also send a digital version of the photo (png or jpeg format) to Said@NormanOK.gov. Make sure to include the individual's name and date of birth in the email.

Authorization for Alert:

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that I voluntarily provided this information listed in this form and that it will not result in any type of preferential treatment from First Responders. I hereby grant the Norman Police Department to create an alert utilizing the above information and consent to that information being shared with the Norman Fire Department and Norman Regional Hospital's EMSSTAT Paramedics and Ambulance Service.

_____ (Initial) **I Agree**

_____

Signature / Date

Optional: Special Needs Identification Jewelry

Send an email to Said@NormanOK.gov if you are interested in receiving additional information on how to obtain a piece of identification jewelry created with the individual's specific S.A.Id alert number.