

**MONROE POLICE DEPARTMENT  
NO PERSON LEFT BEHIND**

**NAME OF PERSON WITH SPECIAL NEEDS** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SEX** m \_\_\_ f \_\_\_

**HOME TEL #** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**EMERGENCY CONTACTS ( WHO SHOULD BE NOTIFIED IN THE EVENT OF EMERGENCY)**

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**PHYSICIANS NAME** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**HOSPITAL** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**SPECIAL NEED OR DISABILITY** \_\_\_\_\_

**WHAT SERVICES WOULD YOU REQUIRE IN THE EVENT OF AN EMERGENCY OVER 48 HOURS TO MAINTAIN YOUR CURRENT HEALTH CARE NEEDS. INCLUDE ALL MEDICATIONS, OXYGEN NEEDS, DIALYSIS AND ANY HOME CARE NEEDS ON A DAILY BASIS.** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME OF LEGAL GUARDIAN**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Please complete and return to the Village of Monroe Police Department**