

PSP Lehighon Biographical Information Form

9170 Interchange Road Lehighon PA 18235

610-681-1850

* Required

- 1. Please attach a recent photo of the Individual *

General Information

- 2. Individual's Name *

- 3. Date of Birth *

- 4. Address *

- 5. County *

6. Township *

Current Physical Description

7. Sex *

8. Race *

9. Height *

10. Weight *

11. Hair color *

12. Eye color *

13. Scars, Marks or other identifying marks *

14. Medical Diagnosis *

15. Prescription medications needed *

16. Does the person have a cell phone? If so, what is the Phone number and provider *

17. Is the person afraid of flashing lights and/or loud sirens? *

Mark only one oval.

Yes

No

18. Other sensory issues, if any *

19. Is he/she likely to wander off? *

Mark only one oval.

Yes

No

20. Location of bedroom or likely place to find them in the household/residence at night *

Emergency Contact Information

21. Emergency Contact (Name and address of Parents/Guardians, Care Providers) *

22. County *

23. Township/Borough/Municipality *

24. Emergency Contact's Phone Numbers (Home, work & cell) *

25. Alternative Emergency Contact (Name, address, relationship and contact numbers)

*

Information Specific to the Individual

26. Favorite attractions or locations where the individual may be found *

27. Atypical behaviors or characteristics of the Individual that may attract the attention of Responders *

28. Individual's favorite toys, objects, discussion topics, likes or dislikes *

29. Method of Preferred Communication (If nonverbal: Sign language, picture boards, written words etc) *

30. Identification information (i.e. Does the individual carry or wear jewelry, tags ID card, medical alert bracelets etc) *

IMPORTANT:
Please
review the
following
before
completing,
signing
and/or
submitting
this form

If you choose to respond, the information may be submitted and added to the local, city, county or state police dispatch systems for Emergency Operations
Responding to this form is voluntary. This form may be filled out by the individual living with the specified health challenge or disability, their parent/guardian (in the case of a minor), assigned caregiver, or recognized representative. If an individual or their representative chooses to use this form, they must provide their signature on the last page. (The signature of the person completing this form is required to process the information contained on the form.) In addition, this information may be removed from files periodically. Therefore, it is recommended that individuals or their representatives update and submit this form every year to ensure that files are kept updated and accurate.

Please be aware: The information provided on this form may assist police, fire or emergency response personnel, when they are responding to an emergency or other call from your home, for purpose of identifying and/or assisting you or another Individual in your household who is living with a disability or health challenge

**Required
Acknowledgement
and Signature/s of
Individual/s
Completing and
Submitting this
Form**

By completing this Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Response Departments in more effectively responding to a potential emergency in or near my household. I, therefore, authorize the use of this information for those purposes and to the maximum extent that I am empowered to do so, waive any claim in law and/or equity against any of the above mentioned responder(s) which I or _____(Individual's name), or any of our representatives, descendants, or successors might otherwise have arising from or related to the use or existence of the information provided herein. I understand that providing this information does not entitle me or anyone in my household, including _____(Individual's name), to preferential treatment, including a more timely response by emergency response personnel. I also understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on this Form is considered, it may be considered along with other relevant sources of information, and subject to proper Police and emergency response procedures, when police, fire department or other emergency response personnel are responding to the residence of the individual for whom this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing services to residents or occupants of my home, in or near my household.

I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief. I acknowledge that written false statements made herein are punishable pursuant to Title 18 Pa.C.S 4904(b) as a misdemeanor of the third degree.

31. Name and Date *

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