

VULNERABLE PERSON INFORMATION FOR USE BY PUBLIC SAFETY OFFICIALS - SKAGIT COUNTY

VULNERABLE PERSON INFORMATION

PHOTO YES NO

LAST NAME: _____ FIRST: _____ MIDDLE: _____ DOB: _____

ADDRESS: _____ NICKNAME: _____

CITY: _____ PHONE: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ SEX: _____ GLASSES: _____

SCARS/MARKS/TATTOOS: _____

CALMING STRATEGIES: _____

DESCRIPTION OF VULNERABILITY: _____

TRIGGERS: _____

SPECIAL NEEDS: _____

MEDICAL NEEDS: _____

ALLERGIES: _____

COMMENTS: _____

PHYSICIAN: _____ PHONE: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

RELATIONSHIP: _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

I UNDERSTAND THE INFORMATION INCLUDED ABOVE IS BEING PROVIDED VOLUNTARILY AND WILL BE MAINTAINED BY THE SHERIFF'S OFFICE. THIS INFORMATION MAY BE SUBJECT TO THE PUBLIC RECORDS ACT AND MAY BE RELEASED IN THE EVENT OF A PUBLIC RECORDS REQUEST.

Signature

Date