



Safety Alert Form Instructions

This form is designed to help us locate your loved one who has wandered off or eloped. The information you provide will be shared with first responders.

To help us assist you, please complete this form in its entirety with as much information as possible.

Include a recent picture of your loved one in the space provided. If you are unable to insert the picture into the form, attach it to your e-mail when submitting.

Completed forms should be emailed to Lt. Kelvin Miller,
kmiller@grandhaven.org

Thank you!



Safety Alert Form

This form provides communication and quick access to important information regarding your loved one.

Please be sure to include all information that you believe can support Grand Haven Public Safety in ensuring the safety of your loved one in a crisis situation.

First Name

Last Name

Address

Male

Female

DOB

Height

Weight

Hair color

Eye color

Emergency Contact Name & Cell #

Emergency Contact Name & Cell #

Will the individual respond to his/her name? _____

Individual's official diagnosis? _____

Individual's identifying marks, medications & medical needs: _____

Does the individual have a fear of K9s? _____

Please check those that apply:

Blind

Deaf

Non-Verbal

Intellectual Disabilities

Cognitive Impairment

If other, please explain: _____

Sensitivity To:

- Noise Touch Lights Crowds Textures

Behaviors:

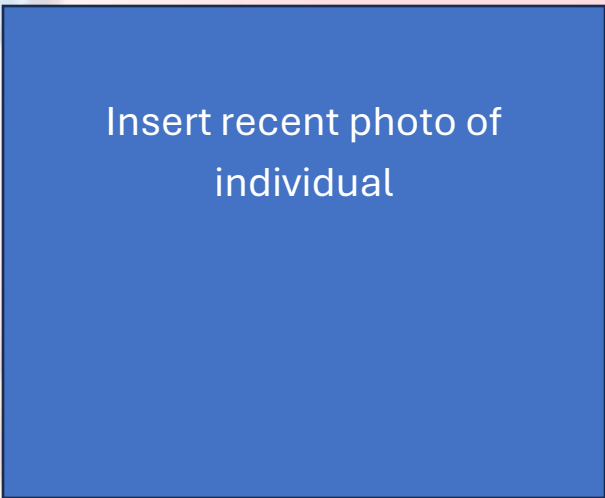
- Sensory seeking Vocal Stims Self-Injurious Lack of fear of danger
- Aggression Eye contact avoidance Will run if chased

Does this individual have the ability to follow commands? _____

Favorite places to visit? _____

Favorite toys, objects, songs, movies, TV shows, discussion topics: _____

Any additional information that may be helpful for first responders: _____



I, _____, authorize the Grand Haven Department of Public Safety to retain this information on file for purpose of identification and providing assistance.