

LEGAL GUARDIAN: (Print)





VOLUNTARY SUBMISSION FORM FOR RESIDENTS ONLY

VERBAL NON-VERBAL

PLEASE ATTACH A PHOTO	CAN SWIM?: 🔲 Y
cknd gov	

OWN OF MAMARONECK EMAIL: alarosa@townofmamaroneckpd.gov	
ILLAGE OF MAMARONECK EMAIL: fmaresca@vompd.com or mballantyne@vompd.com ILLAGE OF LARCHMONT EMAIL: nhecht@larchmontny.gov CAN DRIVE?: YES	
INTRODUCING	IN AN EMERGENCY PLEASE CONTACT
NAME:	RELATION:
DATE OF BIRTH:	NAME:
CELL PHONE:	DATE OF BIRTH:
ADDRESS:	CELL PHONE:
	ADDRESS:
SOME THINGS YOU SHOULD KNOW	EMAIL:
ALL DIAGNOSES:	IF YOU ENCOUNTER ME, I MAY
	☐ Have Emotional/Physical Outburst Describe:
	□ Not Speak
OTHER MEDICAL / ALLERGIES:	☐ Not Respond to Their Name or Verbal Commands ☐ Try to Run Away or Hide
	Appear Deaf
IF I AM LOST OR WANDER, I MAY BE AT THESE	☐ Avoid Eye Contact ☐ Rock, Pace, Spin, or Repeat Phrases
PLACES:	☐ Hold Hands Over Ears Due to Sound Sensitivity
	☐ Have Fears/Obsessions with Flashing Lights,
	Sirens, K-9s.
	☐ Not Answer Questions
	☐ Need Time to Process Questions or Demands
	☐ Appear to Be Under the Influence
I WOULD ALSO LIKE YOU TO KNOW	☐ Not be Properly Dressed for the Elements
(Secondary Emergency Contact Info)	☐ Have the Mental Capacity of Someone
	Much Younger Such As
	☐ Be overly friendly/trusting of others
	☐ Be unaware of danger
	☐ Other:
	Other:
	☐ Other:

VOLUNTARY SUBMISSION FORM: This is a voluntary submission form to be completed by an individual on their own behalf or by a legal guardian with authority to submit it on the behalf of another. The completion of this form is meant to aid police and emergency personnel in their response only and is not meant to convey any guarantee of outcome, promises or benefits from use of the form. This information supplied may be used in the event of a personal emergency. It is the responsibility of the submitter to ensure all information is truthful, valid, and up to date.

_(Signature)____