



Date Submitted: \_\_\_\_\_

## Brown County Public Safety

### SPECIAL NEEDS ALERT FORM

#### PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

### INDIVIDUAL'S PHYSICAL DESCRIPTION

_____ Male _____ Female	Height:	Weight:	Eye Color:	Hair Color:
Scars or other identifying marks:				
Primary Diagnosis/Disability:				
Other Relevant Medical Condition/Behaviors in addition to Primary Diagnosis/Disability (check all that apply):				
_____ No Sense of Danger	_____ Blind	_____ Deaf	_____ Non-Verbal	
_____ Prone to Seizures	_____ Cognitive Impairment	_____ Combative/Aggressive		
_____ Other (please explain): _____				
Prescription Medications Needed, Sensory or Dietary Issues, if any:				
Method of Preferred Communication (verbal: words, songs, etc. or non-verbal: sign language, pictures, etc.)				
Emergency Contact Information – Name, Phone Number & Address:				
Any Additional Information for Responders:				

Please send completed forms to one of the following:  
Email: [Special.Needs.Alert.Form@co.brown.wi.us](mailto:Special.Needs.Alert.Form@co.brown.wi.us)  
Mail: County Public Safety · 3028 Curry Lane · Green Bay, WI 54311

Original Date:

Disclaimer: Completion of this form authorizes the release of information described in the section below called "Specific Description of Records Authorized for Release". The person (record subject) whose records are released may have a right to inspect and, upon paying any applicable fees, obtain a copy of the disclosed records. Information will be released to Public Safety Responders when it will improve their response to the person listed below.

## CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

All questions contained in this questionnaire are strictly confidential and will only be used to improve responder's interactions with the person (record subject) listed below.

Name (Last, First, M.I.):	DOB:
Name = Person Whose Records will be Released (Record Subject)	
Address:	City, State, Zip Code:

### INFORMATION MAY BE RELEASED TO THE FOLLOWING – CHECK THOSE THAT APPLY

Responders:	<input type="checkbox"/> Law Enforcement Staff	<input type="checkbox"/> EMS	<input type="checkbox"/> Fire Fighters	<input type="checkbox"/> Dispatchers	<input type="checkbox"/> First Responders	<input type="checkbox"/> Medical Personnel
Information to be released:	<input type="checkbox"/> Any		<input type="checkbox"/> Limited see below			
List any information not to be released to the following:						
<b>Understandings</b>						
This authorization is voluntary. Refusal to sign will not affect responder's efforts to assist the record subject.						
<input type="checkbox"/> No exceptions <input type="checkbox"/> Exceptions (specify):						
<ul style="list-style-type: none"><li>The information that I authorize to be released may be re-disclosed by the recipient of the records only if needed to assist responders. If information is re-disclosed, the recipient of the re-disclosed information may be controlled by different laws.</li><li>I may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the agency/organization I authorized to release information.</li><li>Unless revoked, this authorization will remain in effect until the expiration time indicated below.</li></ul>						
Choose One:						
<input type="checkbox"/> Authorization expires as of: (date)						
<input type="checkbox"/> Authorization does not expire until it is revoked in writing.						

As evidenced by my signature, I hereby authorize disclosure of records to the responder(s) or agency(s) specified above within Brown or surrounding Counties.

Signature – Person Whose Records will be Released (Record Subject)	Date:
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