



# CAD Alert Form



Person Completing/Relationship

Name of Youth

Nickname (if any)

Date of Birth

Height

Weight

Gender

Eye Color

Hair Color

Medical Conditions

Scars or Identifying Marks

Address

City, State, Zip

Home Phone

Other Phone

Method of Communication, if non-verbal: sign language, picture boards, written word, etc.

Identification Worn: (ex. Jewelry/Medic Alert®, clothing tags, ID card, tracking monitor, etc.)

Current Prescriptions (include dosage):

Sensory/Medical/Dietary issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions or locations where person may be found, if missing:

Likes/Dislikes (Include approach and de-escalation techniques):

## Medical Care Providers

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

## Parent/Caregiver Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Other Phone: \_\_\_\_\_

Other Contact Info: \_\_\_\_\_

## Emergency Contact Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Other Phone: \_\_\_\_\_

Upon filling in the applicable fields you may submit form by e-mail by clicking the below button