



SAFE ME

A PROJECT IN SAFETY BY THE PUTNAM COUNTY SHERIFF'S OFFICE
VOLUNTARY SUBMISSION FORM

EMAIL TO: BRIANNA.MCGRATH@PUTNAMCOUNTYNY.GOV
PLEASE ATTACH PHOTO

_____	VERBAL
_____	NON-VERBAL
_____	SIGN LANGUAGE

CAN SWIM?:	YES or	NO
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INTRODUCING....

NAME: _____

DATE OF BIRTH: _____

CELL PHONE: _____

ADDRESS: _____

IN AN EMERGENCY PLEASE CONTACT...

RELATION: _____

NAME: _____

DATE OF BIRTH: _____

CELL PHONE: _____

ADDRESS: _____

EMAIL: _____

SOME THINGS YOU SHOULD KNOW....

MEDICAL CONDITIONS/DIAGNOSIS:

I HAVE THE FOLLOWING ALLERGIES:

IF I AM LOST OR WANDER, I MAY BE AT THESE PLACES:

IF YOU ENCOUNTER ME, I MAY...

- Have Emotional/Physical Outburst
Describe: _____
- Not Speak
- Not Respond to Their Name or Verbal Commands
- Try to Run Away or Hide
- Appear Deaf
- Avoid Eye Contact
- Rock, Pace, Spin, or Repeat Phrases
- 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
- Not be Properly Dressed for the Elements
- Have the Mental Capacity of Someone Much Younger Such As _____
- Be overly friendly/trusting of others
- Be unaware of danger
- Other: _____
- Other: _____
- Other: _____

I WOULD ALSO LIKE YOU TO KNOW....

LEGAL GUARDIAN: _____ (Print) _____ (Signature)

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.