



# JAMESTOWN POLICE DEPARTMENT SPECIAL NEEDS CHILD ALERT

**Instructions:** Complete this application, affix a recent photograph, and return to the Jamestown Police Department.

**Child's Name:** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Child's DOB** \_\_\_\_\_

**Child's Weight:** \_\_\_\_\_ **Child's Height:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Glasses:** \_\_\_\_\_

**Identifying Scars/Deformities:** \_\_\_\_\_

**Physical Disabilities:** \_\_\_\_\_

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## Child's Habits

**Does child wander or run away? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, in any particular direction or place?** \_\_\_\_\_

\_\_\_\_\_

**Can child understand simple directions? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Is child verbally or physically aggressive? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Explain?** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else police should know about your child?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affix a recent photograph of child: (Head and shoulders is best)**

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**Primary Caregiver:** \_\_\_\_\_  
(If different from parent)

**Caregiver Address:** \_\_\_\_\_

**Caregiver Telephone:** \_\_\_\_\_

**Relationship to client:** \_\_\_\_\_

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**Family contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

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**Child Physician:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_