



Davis Police Department

Special Needs Advisory Agreement Form



Special Needs Information

First Name _____ Last Name _____ Date of Birth _____
 Gender _____ Height _____ Weight _____ Hair _____ Eye _____
 Color _____ Color _____
 Address _____ Phone: Home _____
 Phone: Cell _____
 Name of School or Work _____ email: _____
 Photo Available / Submitted / Attached: _____

Special Needs Information: _____

Special Considerations: _____

Emergency Contact Information / Legal Guardian Information

First Name _____ Last Name _____ Relationship: _____
 to above _____
 Address _____ Phone: Home _____
 Phone: Cell _____
 email: _____

The information you provide about health and medical conditions may be shared with Police, Fire and other emergency responders to assist them in responding to an emergency or disaster. By signing the following, I grant the Davis Police Department permission to place the information into the Davis Police Department computer system. The Davis Police Department does not assume a greater police role and/or responsibility with this individual than with any person the Department comes into contact. Photographs and information may be used to help persons in the event of an emergency, but will otherwise be kept confidential.

By submitting this information, I consent to sharing information on this form to Police, Fire and other emergency responders. I certify the information provided is true and correct. It is my responsibility to update the information on this form as needed. I also understand that I am merely providing information and by signing this I understand that the City of Davis, the Davis Police Department and/or other emergency responders are not creating a special relationship or a duty of care that is not otherwise extended to the public at large.

Name of Responsible Party completing form: _____
 Signature _____ Date _____
 Relationship _____