



Emergency Contact Form

This form will be used to notify designated contacts in an emergency for those who have medical conditions such as dementia, autism, down syndrome, etc. Provide accurate and up-to-date information and a photo of the subject.

Please update our agency when changes occur.

Return this form to the Justice Center at: Leavenworth County Sheriff's Office, 601 S 3rd Street, Suite 2007, Leavenworth, Kansas 66048.

Alternatively, you may contact the Sheriff's Office at 913-682-5724 to provide this information over the phone.

Person Information

First Name:	Race:	Ethnicity:
Middle Name:	Height:	Weight:
Last Name:	Eye:	Build:
Nickname:	Skin:	Hair:
Date of Birth:	Gender:	Hair Style:
Other Identifying Features:		
Address:		
City:	State:	Zip:
Email:	Cell Phone:	
Is person's cell phone traceable?:		Does person wear a traceable GPS device?:
Vehicle Color:	Vehicle Make & Model:	
License Plate:	State of Issue:	
Frequented Places:		

Medical Information

Medical Conditions / Disabilities:
Signs of Escalation / Triggers:
Medications:
Allergies & Dietary Restrictions:
Coping Skills:

Contact Information

Emergency Contact #1	
Full Name:	Relationship:
Primary Phone Number:	Secondary Phone Number:
Home Address:	
Emergency Contact #2	
Full Name:	Relationship:
Primary Phone Number:	Secondary Phone Number:
Home Address:	