

**FORT ATKINSON  
POLICE DEPARTMENT  
EMERGENCY MEDICAL INFORMATION FORM**

Date Completed: \_\_\_\_\_

Complaint Number: \_\_\_\_\_

NAME:

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Above Persons Current Address

NICKNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

**\*\*\*Please provide a current picture of the above person.\*\*\***

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**MEDICAL CONDITIONS:**

\_\_\_ Alzheimer's    \_\_\_ Dementia    \_\_\_ Parkinson's    \_\_\_ Autism  
\_\_\_ Diabetes    \_\_\_ COPD    \_\_\_ High Blood Pressure  
\_\_\_ Heart Disease    \_\_\_ Arthritis    \_\_\_ Heart Failure    \_\_\_ Cancer  
\_\_\_ Stroke    \_\_\_ Asthma

Other: \_\_\_\_\_  
(Ex: walks with a cane, wears glasses, etc.)

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**ALLERGIES:** (Food, medication and/or environmental)

\_\_\_\_\_  
\_\_\_\_\_

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**SCARS/MARKS/TATTOOS:**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

The information on this form will be utilized to develop an inhouse record for the person listed above. This inhouse record will allow us to place a warning or flag on the person in our internal records system. If an officer were to have contact with this person after they went missing, but before it was reported, the Officer would be notified upon making a name inquiry that the person suffers from the reported cognitive disorder and may need help.

This flag can be updated or removed in the future if there are changes and is an additional tool to aid in the safeguarding of citizens that may have a permanent or temporary cognitive issue.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

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**DEPARTMENT USE ONLY:**

- Create a COPE complaint to document information.
- Attach picture of person to complaint.
- Scan This Document into case.
- Cross reference all emergency contacts to person listed on form.
- Create Flag for person in Master Name