



Sheriff William Hunter Holt

210 E. Dyer Street
Office: (254) 559-2481
Fax: (254) 559-2882
Jail: (254) 559-2705



Name of Child/Adult with Special Needs _____ Nickname (if any) _____

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars or Identifying Marks _____

Medical Conditions _____

Address _____ City, State, Zip _____ Home Phone _____ Other Phone _____

Method of Communication, if non-verbal: sign language, picture boards, written word, etc. _____

Identification Worn: (ex. Jewelry/Medical Alert, Clothing Tags, ID card, Tracking Monitor, etc.) _____

Sensory/Medical/Dietary issues and requirements, if any: including allergies _____

Inclination for wandering behaviors or characteristics that may attract attention: _____

Favorite attractions or locations where person may be found, if missing: _____

Likes/Dislikes (Include approach and de-escalation techniques) _____

EMERGENCY CONTACTS:

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

Name: _____

Home/Other Phone: _____

Other contact Info: _____

Name: _____

Address: _____

Home/Other Phone: _____



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Behaviors you would like for us to be aware of. (Stemming, other calming actions, repetitive sensory stimulations, etc...)

Current Medications (life sustaining medications that first responders would need to be aware of)

Other information: (Medical diagnosis, medical history, surgeries, medical allergies etc...)

****For adults with developmental disabilities, please provide or have accessible a medical diagnosis for the disability. (This will ensure entry into the Texas Department of Public Safety Silver Alert should the adult become missing) ****