



Warrington Township
Department of Emergency Services
852 Easton Road ♦ Warrington, Pa 18976
Phone: 215-997-7501 ♦ Fax: 215-343-1084

Email: firemarshal@warringtontownship.org

SPECIAL NEEDS INDIVIDUAL INFORMATION

PLEASE PRINT LEGIBLY

Notification : Change of Information ___ Remove Information ___ Renewal ___

Date Submitted: _____ (Note this information must be updated every two years by provider)

I. Special Needs Individual

Name: _____
Home Address: _____
Post Office: ___ Warrington, PA 18976 OR ___ Chalfont, PA 18914
Home Phone #: ___ - ___ - ___ Cell Phone # ___ - ___ - ___
Date of Birth: ___/___/___ Sex: Male Or Female
Height: ___ Weight: ___ Eye Color: ___ Hair color: ___
School or Employer (If Applicable): _____
School/Employer Address: _____
School / Work Phone #: _____
Native Language: _____

II. Special Needs Information

___ Visual Impairment ___ Hearing Impairment ___ Autism ___ Physical Disability
___ Dementia ___ Diabetes ___ Alzheimer's disease ___ Mental Health Challenges ___
Seizures ___ Non-Verbal ___

Other relevant medical conditions: _____

Please advise nature of special needs for this individual: _____

Please advise what type of precautions Emergency Service personnel should be aware of: _____

III. Information Provider (This information is being provided by)

Name: _____
Address: _____ Home
Phone#: _____ Cell Phone#: _____

Relationship to special needs person: _____

IV. Emergency Contact Information

Emergency Contact #1: _____

Address: _____

Home Phone #: _____ Cell #: _____ Alternate #: _____

Emergency Contact #2: _____

Address: _____

Home Phone #: _____ Cell #: _____ Alternate #: _____

Home Phone #: _____ Cell #: _____ Alternate #: _____

V. Information Specific to the Special Needs Individual

Does the individual live alone? Yes _____ NO _____

Are He / She likely to wander off? Yes _____ No _____

Prescription medications

needed: _____

_____ Location of bedroom or
likely place to find the individual in the house at night and day
time. _____

_____ Favorite attractions or locations where the individual may be found: _____

_____ Atypical behaviors or characters of the individual that may attract the attention of the
responders: _____

_____ Individual's favorite toys, objects, discussion topics, likes or dislikes: _____

_____ Method of preferred communication: (If non verbal; sign language, picture boards; written
words etc.): _____

_____ Identification Information: (i.e. ID card, Medical alert bracket, tags, jewelry): _____

By completing and submitting this form, information about your special needs will be placed on file with the Bucks County 911 t Communications Center and will enable emergency personnel to recognize that your call may require special handling. Your information will remain confidential and used only by emergency services personnel.

The provision of special needs information will be kept on file for a period not to exceed two (2) years and if any of the above information changes you are responsible for notifying Warrington Township Emergency Services, to amend this form. The information will automatically expire two (2) years from the date it is received by Warrington Township Emergency Services and you must renew the form prior to expiration if you want the information to remain in the database.

The provision of special needs information will not result in preferential treatment.

6/2019