

TEAM ROCKET



RESPONSE OUTLINE

VULNERABLE/ENDANGERED CHILD INFORMATION
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NAME:

DOB:

MEDICAL DIAGNOSIS:

CHILD'S ADDRESS:

PHYSICAL DESCRIPTION: (ATTACH PICTURE)

HEIGHT:

WEIGHT:

HAIR:

EYES:

OTHER:

DESCRIPTION OF BEHAVIORS THAT MAY ATTRACT ATTENTION:

**FAVORITE ATTRACTIONS & LOCATIONS WHERE CHILD MAY BE
FOUND:**

LIKES & DISLIKES:

APPROACH TECHNIQUES:

SENSORY, MEDICAL, OR DIETARY ISSUES:

MEDICATIONS:

ALLERGIES:

METHOD OF COMMUNICATION:

MAP & ADDRESS GUIDE TO NEARBY PROPERTIES WITH WATER

SOURCES, DANGEROUS LOCATIONS, ETC: (POLICE WILL ATTACH MAP)

DRAWING OF HOME WITH CHILD'S BEDROOM & FAVORITE PLACES

HIGHLIGHTED: (ATTACH DIAGRAM)

NAME OF PARENT(S)/GUARDIAN(S)/CARETAKER(S):

- 1.
- 2.
- 3.
- 4.
- 5.

ADDRESS OF PARENT(S)/GUARDIAN(S)/CARETAKER(S)

(if different than mentioned from child's address):

- 1.
- 2.
- 3.
- 4.
- 5.

**CONTACT PHONE NUMBER(S) OF PARENT(S)/ GUARDIAN(S)/
CARETAKER(S): (HOME/WORK/CELL)**

- 1.
- 2.
- 3.
- 4.
- 5.

ADDITIONAL EMERGENCY CONTACTS: