



Emergency Communications Wanderers/At Risk Form

Phone: 580-581-3272

Fax: 580-581-3495

Email: courtney.waldron@lawtonok.gov

We maintain an at-risk log for individuals that wander from home or at risk of wandering from home. In some cases, individuals are non-verbal or have some level of cognitive function that makes them unable to provide their names or addresses to responders. This makes it difficult for responders to identify them or their home. This log has helped officers return individuals to the correct home or caretaker when they would have otherwise been held at the station or transferred into state custody, waiting on identification or a reported missing person.

Complete this form prior to an individual going missing or becoming lost to provide first responders with important identifying information.

You can submit the completed form with a photograph to Emergency Communications by email, fax or by turning it into your local Police Department who will forward the information to us.

DO NOT USE THIS FORM TO REPORT A MISSING OR ENDANGERED INDIVIDUAL. CALL 911.



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Name of Individual: _____

Nickname(s): _____

Date of Birth: _____ Sex: M F Height: _____ Weight: _____

Other Identifying Marks or Features:

Identification Worn (clothing tags, tracking device, bracelet, etc.):

Medical Condition(s):

Medication or Food Allergies:

Current Prescription Medication:

Communication: Verbal Non-Verbal Explain: _____

Cognitive Ability/IQ: High Average Low

Sensory Issues: Touch _____ Noise _____ Other (food, drink, etc.) _____

Fears or Triggers that may upset individual: _____

Calming Methods (blanket, music, computer, favorite topics/interests etc.)

Does the Individual Wander? Yes No

List Nearby Water Sources: _____

Places of interest he/she may wander to:



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Parent or Guardian Name: _____

Email: _____

Phone: Cell _____ Home _____ Work _____

Address: _____ City/State/Zip: _____

Emergency Contact Name (secondary contact): _____

Email: _____

Phone: Cell _____ Home _____ Work _____

Address: _____ City/State/Zip: _____

Parents/Guardians:

Please update this form annually, or for any changes of address, phone numbers or significant changes in identification.

Please attach a photo of the individual for reference.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am the parent or legal guardian of _____ referenced above as a person at risk, have voluntarily provided the information listed above and hereby authorize the release of all such information for purposes of identification of, or assistance to, the person at risk to any first responder, law enforcement personnel, dispatchers and/or employees of representatives of the City of Lawton and agree to indemnify them and hold them harmless from all liability for damages arising from the use of such information for the specified purposes