



VITAL EMERGENCY INFORMATION PROGRAM

Many times as police officers, we encounter people who may experience physical disabilities, mental health issues, or developmental disabilities. By having the information readily available to the responding officers, we will be able to properly assess the needs of the individual, contact a family member or guardian, and quickly request any medical treatment that may be required.

The Vital Emergency Information Program is a free, voluntary service offered to individuals living in the Portsmouth community who have been diagnosed with a developmental disability, autism, physical disability, a non-verbal person, deaf, blind, Alzheimer's disease, seizures, dementia, mental health challenges, diabetes, and acquired brain injury or any other mental health or medical disability that may render them unable to effectively identify themselves or their needs should an emergency arise.

FILL OUT THE FORM

INCLUDE A RECENT PHOTOGRAPH OR DIGITAL IMAGE

TELL US ABOUT THE PERSON YOU ARE REGISTERING

PROVIDE UP TO FOUR EMERGENCY CONTACTS

ALL INFORMATION WILL BE KEPT CONFIDENTIAL FOR OFFICIAL USE ONLY

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

Detective Rochelle L. Navelski
3 Junkins Avenue
Portsmouth, NH 03801
(603) 610-7503

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www.cityofportsmouth.com



PORTSMOUTH POLICE DEPARTMENT

MEDICAL/MENTAL HEALTH / DISABILITY VITAL EMERGENCY INFORMATION

Registrant's Name:				Date Form Completed:	/ /
Address:					
Phone Number:	Home- () -	Cell- () -			
Date of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Height	Weight	Eyes	Hair	Ethnicity	
Scars, Marks or Tattoos:					

Emergency Contacts

Name:	Address:	Primary Phone:	Relationship:
1.			
2.			
3.			
4.			

Sensory Issue and/or Medical Conditions

- Autism Spectrum
- Developmental Disability
- Physical Disability
- Non-Verbal
- Deaf
- Blind
- Alzheimer's Disease
- Prone to Seizures
- Dementia
- Mental Health Challenges
- Acquired Brain Injury
- Diabetes
- Other _____

Calming Techniques:

Further information 1st Responders may need to know:

Photo:

May Run from 1st Responders: Yes No

Individual Completing Form: _____ Date: _____