



Minnehaha County Sheriff's Office

Special Needs Safety Personal Information Form

Personal Emergency Profile

Name: _____

Date of Birth: _____

Age: _____

Address: _____

Physical Description: _____

Emergency Contact(s) If lost I may go to:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Restrictions (Allergies and Diet)

Medical Needs (Diagnosis, Health Concerns)



Law Enforcement Center
320 W. 4th Street, Sioux Falls, SD 57104
Strong Foundation. Strong Future.
Equal Opportunity Employer and Service Provider

P: (605)367-4300
F: (605)367-7319
minnehahacounty.org



Signs of Escalation (Changes in behavior that show increased or decreased anxiety, anger, etc. Recommendation of do's and don'ts.)

Likes: (Attractions, favorite things, hobbies, interests, foods, drinks, verbal exchanges, etc.)

Dislikes: (Triggers, sensitivities, fears, things to avoid, foods, drinks, verbal exchanges, etc.)

Additional Information:

Attach Photo

Email form to azishka@minnehahacounty.org