

## Special Concerns Response Information Logan's Law (HB 631)

Please complete and return to Coweta County 911/EMA

| Name:  |
|--|
| Nickname:  |
| Address:   |
| Address: Cellular Phone Number: Cellular Phone Number:   |
| Birthdate: Kace: Gender: Height: weight:   |
| Hair color: Eye color:<br>Employer/School Address (Only if in 911 jurisidction):   |
| Employer/School Address (Only if in 911 jurisidction):   |
| Special concern or condition:  |
| Medications:   |
| How does this medication affect actions, responses, senses, the potential for violence, etc.?  |
| Please list any activations or triggers which may escalate an encounter? What actions should be avoided, if possible, by first responders? |
| Suggestions and techniques that can be taken to resolve a confrontation successfully   |
| This person is:  |
| ☐ Sensitive to light   |
| <ul><li>□ Likely to hide</li><li>□ Sensitive to touch</li></ul>  |
|  |
| ☐ Likely to fight  |
| ☐ Subject to seizures ☐ Afreid of police/uniformed people  |
| <ul><li>□ Afraid of police/uniformed people</li><li>□ Violent</li></ul>  |
|  |
| □ Other:   |



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## **Responsible Party Completing This Form**

| Name:                                |                        |
|--------------------------------------|------------------------|
| Relationship:                        |                        |
| Address:                             |                        |
| Home Telephone Number:               | Cellular Phone Number: |
| Signature:                           | Date:                  |
| <b>Emergency Contact Information</b> |                        |
| Name:                                |                        |
| Relationship:                        |                        |
| Address:                             |                        |
| Home Telephone Number:               | Cellular Phone Number: |
| Name:                                |                        |
| Relationship:                        |                        |
| Address:                             |                        |
| Home Telephone Number:               | Cellular Phone Number: |
| Name:                                |                        |
| Relationship:                        |                        |
| Address:                             |                        |
| Home Telephone Number:               | Cellular Phone Number: |
|                                      |                        |
| BLIC SAFETY JURISDICTION USE ONLY:   |                        |
| New Applicant                        |                        |
| Jpdated Info                         |                        |
| Renewal                              |                        |
| te Received:                         |                        |
|                                      | Data/Time:             |

Submit via email to 911request@coweta.ga.us or via US Mail to Coweta County 911/EMA 195 International Park Newnan, Georgia 30265

Call 770-254-5809 for more information if any questions.