



Cherokee County E 9-1-1

Logan's Law / Logan's List (H.B. 631)

Special Concerns Response Form (v2.1)



Please complete the form and return to Cherokee County E 9-1-1 by one of the below methods:

Postal Mail: 150 Chattin Dr., Canton, GA 30115

Email: CAD@cherokeega.com

Fax: 678-493-4911

Individual's Identifying Information

(Section 1)

Full Name:

Nickname(s):

Date Of Birth:

Individual's School Information

(Section 2)

Does The Individual Go To School In Cherokee County: Yes No (If **No** Go To Section 3)

Cherokee County Public Schools: Yes No

↳ What School Do They Attend: <-- Click Box For Drop Down List

Private Or Other School: Yes No

↳ Name And Address Of The School:

Individual's Work Information

(Section 3)

Does The Individual Work In Cherokee County: Yes No (If **No** Go To Section 4)

If Yes, What Is The Name And Address:

Individual's Physical Description

(Section 4)

Race: **Gender:** **Height:**

Weight: **Hair Color:** **Eye Color:**

Any Distinguishing Features:

Individual's Special Concerns Or Conditions

(Section 5)

What Are The Special Concern(s) Or Condition(s):

Regarding The Concern Or Condition, Does The Individual Take Any Medications: Yes No

Regarding The Concern Or Condition, What Medications Do They Take And How Do They Affect The Individual:

The Individual Is:

- Sensitive To Light(s)
- Sensitive To Sound(s)
- Sensitive To Smell(s)
- Sensitive To Touch
- Likely To Become Combative
- Likely To Hide
- Likely To Flee / Run
- Subject To Seizures
- Fear Of Uniformed Personel (Police / Fire / EMS)
- History Of Violence

Are There Any Additional Actions Or Triggers Which May Escalate An Interaction With The Individual And:

How Can First Responders Attempt To Better Address The Individual With Specific Actions Or Techniques If Able:

Responsible Party Submitting Form

(Section 6)

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Address:

Email:

Mobile Phone:

Home Phone:

Do You Have Any Emergency Contact To Enter: Yes: No: (If **Yes** Go To Section 7)

***Besides The Above Responsible Party**

Emergency Contacts

(Section 7)

-----*Contact 1*-----

Please Do Not Enter The Responsible Party As An Emergency Contact

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Mobile Phone:

-----*Contact 2*-----

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Mobile Phone:

-----*Contact 3*-----

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Mobile Phone:

Thank you for submitting information regarding an individual who is protected under Logan's Law. Please contact Support Services Deputy Director Alice Fennell at kafennell@cherokeega.com if you have any questions.

Our website is: <https://www.joincherokee911.com>

Cherokee County E 9-1-1 Use Only:

NEW APPLICANT | UPDATE | RENEWAL | REMOVAL

DATE RECEIVED: _____

ENTERED BY: _____ | **DATE/TIME:** _____

KEEP INFORMATION FOR 3 YEARS OR IF ADVISED THE INFORMATION IS NO LONGER VALID.

REMOVED BY: _____ | **DATE/TIME:** _____