

**INTELLECTUAL DISABILITY AND AUTISM PERSONAL INFORMATION FORM
FOR LAW ENFORCEMENT/FIRST RESPONDERS**

A registry to assist persons at risk

Last Name: _____ First Name: _____

Personal Description

Date of Birth: _____

Race & Sex: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Scars or Birthmarks: _____

Glasses: _____

Diagnosis: _____

Any co-existing diagnosis: _____

Does s/he carry any special identification: Y N

If so, what form and where is it carried:

Important Address Information

Home: _____

School: _____

Phone: _____

Phone: _____

Emergency Contacts

At Home:

Name: _____

Relationship: _____

Address: _____

Phone: _____

At School:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Other:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Mental health diagnosis: _____

Medical concerns: _____

Current medication: _____

Any allergies to medication: Y N

If yes, please list: _____

Does s/he have seizures: Y N _____

Is s/he verbal or nonverbal: Y N _____

Is s/he sensitive to noise: Y N _____

Is s/he sensitive to touch: Y N _____

Eye Contact: Good Fair Poor

Does s/he engage in self-stimming behavior: Y N

If so, which one: _____

Does s/he run away from home or school: Y N

Where does s/he go: _____

Alcohol or drug issues: _____

Prior arrests or contact with police: _____

History of violence against police/parents/others: _____

Any weapons in your house: Y N

If so, are they properly secured: _____

Does s/he have any specific fears: Y N

List any triggers that may upset him/her: _____

Does s/he perseverate on any particular object or theme: _____

What are his/her favorite topics of conversation: _____

Any other pertinent information: _____

RELEASE

I, _____, give my permission to the town of _____ to retain and distribute this information to first response/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

Print Name: _____

Signature: _____

Date: _____