



FALL RIVER POLICE DEPT. AUTISM & SPECIAL NEEDS CHILD I.D. PROGRAM

The FRPD is offering parents and guardians the option of providing law enforcement information about your child/dependent for the purposes of safety, identification, and medical treatment.

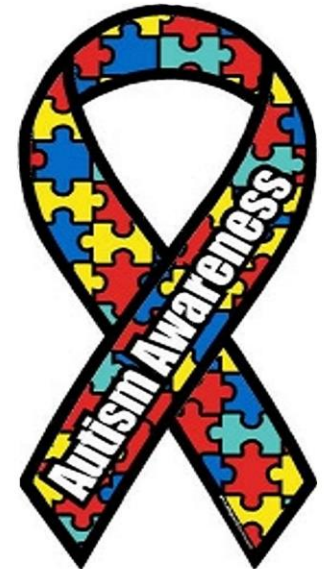
This information is completely voluntary and would allow first responders access to specific information about your child/dependent as follows:

- Method of communication (verbal or non-verbal)
- Any identification worn
- Sensory / Medical / Dietary issues
- Inclination for wandering and attractions
- Likes, dislikes, and methods of approach when encountering
- Medical care providers info.
- Physical description
- Recent photograph of child/dependent
- Emergency contact information

This program will allow responding officers to have access to specific information about your child/dependent, which will allow for an overall improved and tailored response by law enforcement for your child/dependent if the need arises.

- Please fill out the **Fall River Police Department Autism & Special Needs Emergency Information Form.**
- As parent or guardian, please sign the form.
- Bring the form and a high-resolution photo of your child/dependent to the Fall River Police Dept., located at 685 Pleasant Street.
- Provide all documents to the front window officer.

All information will be entered into the FRPD database. This information will be available to all FRPD Officers. Consider updating your child/dependent's photograph every 6 months.





Fall River Police Dept. Autism & Special Needs Emergency Information Form

**Place Photo
Here or Attach**

Remember to use a high resolution photo, head to shoulders photo of your child / dependent and update every 6 months.

Name of Child/Adult with Autism/Special Needs

Nickname (if any)

Date of Birth

Height

Weight

Eye Color

Hair Color

Medical Conditions

Scars or Identifying Marks

Address

City, State, Zip

Home Phone

Other Phone

Method of Communication, if non-verbal: sign language, picture boards, written word, etc.

Identification Worn: (ex. Jewelry/Medic Alert®, clothing tags, ID card, tracking monitor, etc.)

Current Prescriptions (include dosage):

Sensory/Medical/Dietary issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions or locations where person may be found, if missing:

Likes/Dislikes (Include approach and de-escalation techniques)***:

Parent / Guardian Signature:

By signing above, I am authorizing the Fall River Police Department to store and enter, within their database, any and all identifying information provided on this form about my dependent for the purposes of safety, identification, and medical treatment.

Medical Care Providers

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

Parent/Caregiver Info

Name: _____

Address: _____

Home/Other Phone: _____

Other Contact Info: _____

Emergency Contact Info

Name: _____

Address: _____

Home/Other Phone: _____