



**WHITE PLAINS DEPARTMENT OF PUBLIC SAFETY
POLICE BUREAU**

Information sheet for individuals with autism for public safety first responders

Due to the unique nature of this disability it is stressed for parents/guardians and their local emergency responders to work together so that crucial information about the individual is available in case of an emergency.

Last name: _____ First name: _____

Date of birth: _____ Race: _____ Gender: _____ Height: _____ Weight _____

Hair color: _____ Eye color: _____ Corrective lens: _____

Distinguishing features: _____

Current photo attached: Y/N

Mental health diagnosis: _____

Medical concerns: _____

Allergies: _____

Is he/she verbal:	Yes	No	Does he/she have seizures:	Yes	No
Is he/she noise sensitive	Yes	No	Is he/she touch sensitive:	Yes	No
Does he/she self stimulate	Yes	No	Does he/she run from home or school	Yes	No

If he/she runs away where is he likely to go _____

Alcohol/Drug issues	Yes	No	History of violence	Yes	No
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If the individual is non-verbal what are the suggested methods of communication? _____

Any fears, anxieties or trigger which upset him or her? If so what? _____

Does he/she have a special interest in any topic, object or theme? _____

Any other pertinent information: _____

Release

I _____ the parent/guardian of _____ give my permission to the City of White Plains Department of Public Safety to retain and distribute this information to emergency first responders and law enforcement personnel for the sole purpose of identification and assistance to the person at risk. The parent/guardian will be responsible for updating the information on an annual basis.

Print name of parent/guardian: _____

Signature of parent/guardian: _____

Parent/Guardian Contact Information

Name _____ Relation to individual _____

Address: _____

Home phone: _____ Cell Phone: _____ Work phone: _____

Alternate Contact:

Name _____ Relation to individual _____

Address: _____

Home phone: _____ Cell Phone: _____ Work phone: _____

Alternate Contact:

Name _____ Relation to individual _____

Address: _____

Home phone: _____ Cell Phone: _____ Work phone: _____

Personal Physician:

Name _____

Address: _____

Office Phone: _____ Alternate phone: _____