



NORTH READING PERSON WITH ASD INFORMATION SHEET

Date Submitted: _____

Individual's Name _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual live alone? _____

Attach current
photo here

Individual's Physical Description:

___ Male ___ Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

Other Relevant Medical Conditions in addition to Autism (check all that apply):

___ No Sense of Danger ___ Blind ___ Deaf ___ Non-Verbal ___ Intellectual Disability

___ Prone to Seizures ___ Cognitive Impairment ___ Other

If Other, Please explain: _____

Prescription Medications needed: _____

Sensory or dietary issues, if any: _____

Additional information First Responders may need: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers): _____

Emergency Contact's Address: _____
(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternative Emergency Contact: _____

Home: _____ Work: _____ Cell Phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

To have this information shared with North Reading Fire Department, check here:



North Reading Police Department



152 Park St. North Reading, Massachusetts 01864
Telephone 978-664-3131 Fax 978-664-3170

Mark A. Zimmerman
Chief of Police

North Reading Person with Disability Form Frequently Asked Questions

How is this information used?

The information will be stored in the Police Department's records system. If/when there is a call for service, the dispatching officer will inform the responding officer/s if there is a North Reading Person with Disability Form submitted for the party. The knowledge of this information will provide the first responders with awareness of how to engage the individual using best practices.

Who is this information shared with?

The information that is shared with the Police Department will be kept in the department's in-house record system. When there is a call for service, the dispatching and responding officers will have access to this information. This information can be shared with the Fire Department if they are responding to the call as well.

How often should this information be updated?

This form should be updated at least annually, or more frequently if there are significant changes to the individual, including but not limited to: appearance, preferences, or behaviors.

How can I receive more information regarding this form?

More information can be found on the North Reading Police Department's website: www.nrpd.org, or by calling the Police Department's non-emergency line: 978-664-3131.