



# NORTH READING PERSON WITH ASD INFORMATION SHEET

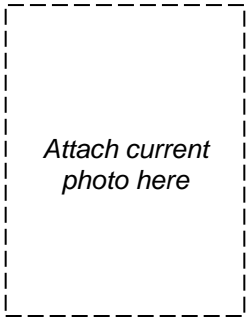
Date Submitted: \_\_\_\_\_

Individual's Name \_\_\_\_\_  
(First) (M.I.) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Preferred Name \_\_\_\_\_

Does the Individual live alone? \_\_\_\_\_



## 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:

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

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

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

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

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

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

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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

Michael P. Murphy  
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](http://www.nrpd.org), or by calling the Police Department's non-emergency line: 978-664-3131.