

Brookline Police Department Autistic Person Information Sheet

Full Name: (Please Print) _____

Nicknames _____

D.O.B ___/___/___ Age ___ Race: _____

Address: _____

Current Physical Description:

Height: _____ Weight: _____ Eye: _____

Hair: _____ glasses/contacts: _____

Scars, Marks or identifying marks:

Attach photo here

ID (Jewelry, tags on clothing, ID cards, (non)-temporary tattoo etc.):

Sensory, medical, dietary issues:

Method of Communication:

Approach and De-Escalation Techniques (including key phrases NOT to say, colors, flashing lights, sirens etc):

Contact Information:

Parent(s) Names: _____

Address: _____

Phone Numbers: (home) _____ (cell)

(Work) _____ () _____

Additional Emergency Contact (name, address, phone):

Inclination for elopement, atypical behaviors, characteristics that may attract attention, information for responders to beware of: _____

(OVER)

Favorite attraction/location: _____

Please provide any additional information that YOU feel will be helpful, should responders and police encounter the above in an emergency situations (attach any additional information or pictures):

Please fill out this form, with a current photo attached and return it to:

**Officer K. McDermott
350 Washington Street
Brookline, Ma 02445**

Please try to remember, if a child, to update the photo as your child changes.

Any questions please contact Officer

McDermott at 617-730- 2609

Thank you