Mentor on the Lake Police Department Autism Registry

Please complete and return to the police department located at 5860 Andrews Road

440-257-7234

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| **Person with Autism:**Formal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_Race: \_\_\_\_\_\_\_\_\_\_\_Height: \_\_\_\_Weight: \_\_\_\_Hair: \_\_\_\_\_ Eyes: \_\_\_\_Phone #/Phone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Physical Descriptors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Emergency Contacts:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical Needs/Allergies** | **Safe Places can be taken to:** |
| **Behaviors When Unhappy/Upset** | **Places might be found at:** |
| **Likes:** | **Dislikes:** |

See Back for Further Information

Mentor on the Lake Police Department Autism Registry Continued:

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| **Places really likes to go:** | **Places may be hiding:** |
| **Soothing and Calming Techniques:** | **Any Other Helpful Information:** |
| **Photograph, if available** | **Release of Information****I hereby give my permission to Mentor on the Lake Police Department to retain and distribute the information contained in this registration form to other First Responders, (including, but not limited to: Police, Fire, EMS, Rescue, and Dispatchers) for the sole purpose of identification and protection of the person identified above, in the event of an emergency or crisis.****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |