



Moberly Police Department

Professional Proactive Policing

And

Randolph County Sheriff's Department



Autism Directory Registration Form for First Responders

*Name: _____ * DOB: _____

*Race: _____ *Sex: _____ *Height: _____ Weight: _____ *Hair Color: _____ *Eye Color _____

*Home Address _____ *City: _____

*Home Phone: _____ *Cell Phone: _____

School: _____ Grade _____

Scars/Birthmarks/Tatoos: _____

*Primary Diagnosis: _____

*Level of Functioning (High or Low) _____

*Verbal/Non-Verbal: _____

*If Non-Verbal, mode of communication: _____

Place Current
Photo Here
Or
Attach with Form

Wandering

Prior wandering incident? Yes _____ No _____

Where have they been located before? _____

Favorite hiding place at home: _____

Favorite place in neighborhood/community: _____

Will they respond to their name being called? Yes _____ No _____

Characteristics: Please answer all questions.

*Sensory Issues: Yes _____ No _____ *Bright Lights: Yes _____ No _____

*Touch: Yes _____ No _____ *Eye Contact: Good/Fair/Poor _____

*Sounds: Yes _____ No _____ *Processing Delays: Yes _____ No _____

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(Continued Pg. 2)

Dislikes/Trigger

(describe) _____

*Fears: _____

Pre-meltdown signs: _____

*Calming Strategies: _____

Favorite Objects/Topics: _____

Emergency Contacts:

*Name: _____ *Relationship: _____

*Address: _____ *Phone Number: _____

Case Worker Name: _____ Agency: _____

Agency Phone: _____ Case Worker Phone: _____

Place of Work: (If employed) _____

Work Address: _____

Work Contact: _____ Work Phone: _____

Vehicle Info: (if applicable)

Make _____ Model _____ Color _____ Year _____

License Plate Number: _____

Additional Helpful Information:

RELEASE

*The purpose of the information provided is for assisting with the communication and location of the above-named person. I, _____, the above-named person or the legal guardian or other responsible party for the above-named person, hereby give my permission for any governmental agency, and division thereof, or any other first responder (including, but not limited to police, fire, EMS, dispatch, etc.) to retain and release and/or distribute the information contained in this document to other governmental agency or first responder personnel, for the purposes described herein. I further forever release and discharge the City of Moberly, and its officers, directors, agents, servants, employees, representatives, and all other person, firms, entities, and corporations which received the information contained herein, of and from any and all manner of liability, claims, actions, suits, claims of indemnity, subrogation claims, equitable claims, losses, damages, demands, attorney fees, and expenses of any nature and description whatsoever which are now known or hereafter discovered, arising directly or indirectly from the release or distribution of the information contained herein. Your information can be removed from the registry at anytime by contacting the Moberly Police Department.

*Print Name: _____

*Signature: _____

*Date: _____

(* required fields)