TOWN OF FISHKILL

POLICE DEPARTMENT Special Needs Registry

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| **REGISTERED PERSON** | | | | | | | |
| Name | | | | | Nickname (if any)  Add Image | |
| Address (City State Zip) | | | | | Date of birth | |
| Height | Weight | | Eye color | | | Hair color |
| **EMERGENCY CONTACT** | | | | | | |
| Name | | | | | Relationship | |
| Address (City State Zip) | | | | | | |
| Home phone | | Cell Phone | | Email | | |
| **COMMUNICATION** | | | | | | | |
| Please share any information that will help us communicate with your child. If nonverbal what might be the best method to communicate: sign language, picture boards, written words:   |  | | --- | |  | |  | | | | | | | | |
| **IDENTIFICATION** | | | | | | | |

Does your child wear or carry identification that we should be aware of, for example; jewelry Project Lifesaver bracelet, clothing tags, ID card, tracking monitor:

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| **ISSUES AND REQUIREMENTS** |
| Sensory, medical or other issues and requirements that you feel first responders should be aware of: |
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| **WANDERING** |
| Please let us know if your child has an inclination for wandering behaviors or characteristics that may attract his or her attention: |
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| **LOCATIONS** |
| Favorite attractions and locations where you think your child may be found if missing: |
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| **APPROACH AND DE-ESCALATION** |
| Let us know your child’s likes, dislikes and techniques that might be successful in approaching your child or de-escalating a situation: |
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| **OTHER** |
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Let us know of any other information that you feel first responders should be aware of. Remember, the information you are providing is what you believe will help first responders in the early stages of an emergency. You will have to provide more detailed information if an emergency occurs:

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| **PHOTOGRAPH** |

Having quick access to a recent photograph of your child could be helpful to first responders. If you have a recent photo that you would like us to have in case of emergency please attach it to this form or if digital, email it to the Chief of Police at [chiefofpolice@fishkillpd.org](mailto:chiefofpolice@fishkillpd.org)

The completed form can be returned in person to the police desk, mailed to the Chief of Police or emailed to [chiefofpolice@fishkillpd.org](mailto:chiefofpolice@fishkillpd.org)

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| **Town of Fishkill Police Department**  801 Route 52  Fishkill, NY 12524  chifofpolice@fishkillpd.org |

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| **CONSENT** |

By submitting this registration, I consent to sharing of the information on this form to public safety professionals only. This information will be otherwise kept confidential and is not subject to disclosure to outside parties.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_