

Current Medication:

Any allergies to Medication: YES _____ NO _____
LIST:

Please answer about his/her behavior:

Seizures? YES _____ NO _____
Verbal or Non-Verbal? Verbal ____ Non-Verbal ____
Sensitive to Noise? YES _____ NO _____
Sensitive to Touch? YES _____ NO _____
Eye Contact Good ____ Fair ____ Poor ____
Engage in self-stimming behavior? If so, which one:

Run away from home or school? YES _____ NO _____
Where does he/she go?

Alcohol/drug issues?
Prior arrests/contact with Police?
History of violence against police/parents/others?
Any weapons in your house? If so, are they properly secured?
Specific fears? YES _____ NO _____
List triggers that may upset him/her:
Perseverate on any particular object or theme?
Favorite topics of conversation?

Additional Pertinent Information:

RELEASE

I, _____ give permission to the City of Statesville to retain and distribute this information to first responder/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____