



# TOWN OF GREAT BARRINGTON MASSACHUSETTS

## POLICE DEPARTMENT

### Developmental Disability Awareness Form for First Responders

Student Name:

DOB:

Home Address:

Home Phone Number:

Cell Phone:

Race:

Sex:

Height:

Weight:

Hair Color:

Eye Color:

Scars/Birthmarks/Other Identifying Marks:

Verbal/Non-Verbal:

If Non-Verbal, what mode of communication is used:

Will he/she respond to their name being called?

Has he/she wandered before:

If yes, where were they located?

Favorite hiding place at home:

Favorite place in neighborhood/community:

List all lakes, ponds, streams, pools, drainage ponds, etc., in the area closest to the student's residence:

(ATTACH PHOTO)

**Characteristics:**

Please share any characteristics of your student that would assist a public safety officer:

**Emergency Contact Information:**

**Person 1:**

Name:  Relationship:

Address:

Phone Number:  Cell Phone:

**Person 2:**

Name:  Relationship:

Address:

Phone Number:  Cell Phone:

**School Attending Information:**

School Name:  Grade:

**RELEASE**

I, , hereby give my permission for any first responder agency (including but not limited to police, fire, rescue, EMS, 911-dispatch center, search and rescue personnel) to retain and distribute the information contained in this registration form to first responder personnel, for the sole purpose of identification and protection of, the student identified above in an emergency or crisis situation.

Name (print):

Signature: \_\_\_\_\_

Date signed:

Relationship to Student: