

DUBLIN POLICE SERVICES

COMMITMENT
HONOR



INTEGRITY
TRUST

SPECIAL NEEDS REGISTRY

Description of Person with Special Needs

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____ Race: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Scars/Birthmarks/Tattoos/Piercings:

Residence Information

Home Address: _____

City: _____ Zip Code: _____ Cell Phone Number: _____

Are there any weapons/firearms at this residence?: Yes No

If YES, please describe items and where they are located/how they are secured:

Parent or Guardian Information

First Parent or Guardian

Name: _____

Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____

Second Parent or Guardian

Name: _____

Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____

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School Information (if applicable)

School Name: _____

School Address: _____

City: _____ Zip Code: _____ School Phone: _____

Disability/Special Need

Primary Diagnosis: _____

Co-Existing Diagnosis: _____

Notes:

Information That Might be Helpful to First Responders in The Event of an Emergency

Child/Family Member Wandered Before? Yes No

If so, where found? _____

Favorite Places/Locations: _____

Child/Family Member attracted to water? Yes No

If attracted to a specific body of water, which one? _____

Child/Family Member able to swim? Yes No

Child/Family Member attracted to: Trains Heavy Equipment

Fire Trucks/Emergency vehicles

Child/Family Member Attracted to Roadways/Highways? Yes No

Child/Family Member: Verbal Nonverbal

Reaction when called by name? _____

Reaction to canines or animals? _____

Reaction to people in uniform? _____

Reaction to being touched? _____

Reaction sirens/sounds? _____

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Reaction to search aircraft? _____

Reaction to lights? _____

Please list any characteristics that are associated with this person: (Examples are sensory issues, specific behaviors (stimming), fears, behavioral triggers, meltdown behavior, physical aggression, past dealings with police, calming strategies that work, etc.) Please be as thorough as possible.

Primary method of communication? (words, pictures, device, etc.)

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Favorite Song? _____

Favorite Activity/Sport? _____

Favorite Character/Toy? _____

Knows Parents: Names Home Address Phone Number

Response to Injury/Pain? _____

Programs Child/Family Member is associated with:

Health/General Condition:

Overall Health: _____

Overall Physical Condition: _____

Handicaps/Deformities/Prosthetics: _____

Sensory Issues: _____

Processing Delay: _____

Medications/Dosages: _____

Medication Side Effects: _____

Prior 5150/Psychiatric Hold: Yes No If yes, when? _____

History of Substance Use/Abuse: Yes No If yes, what? _____

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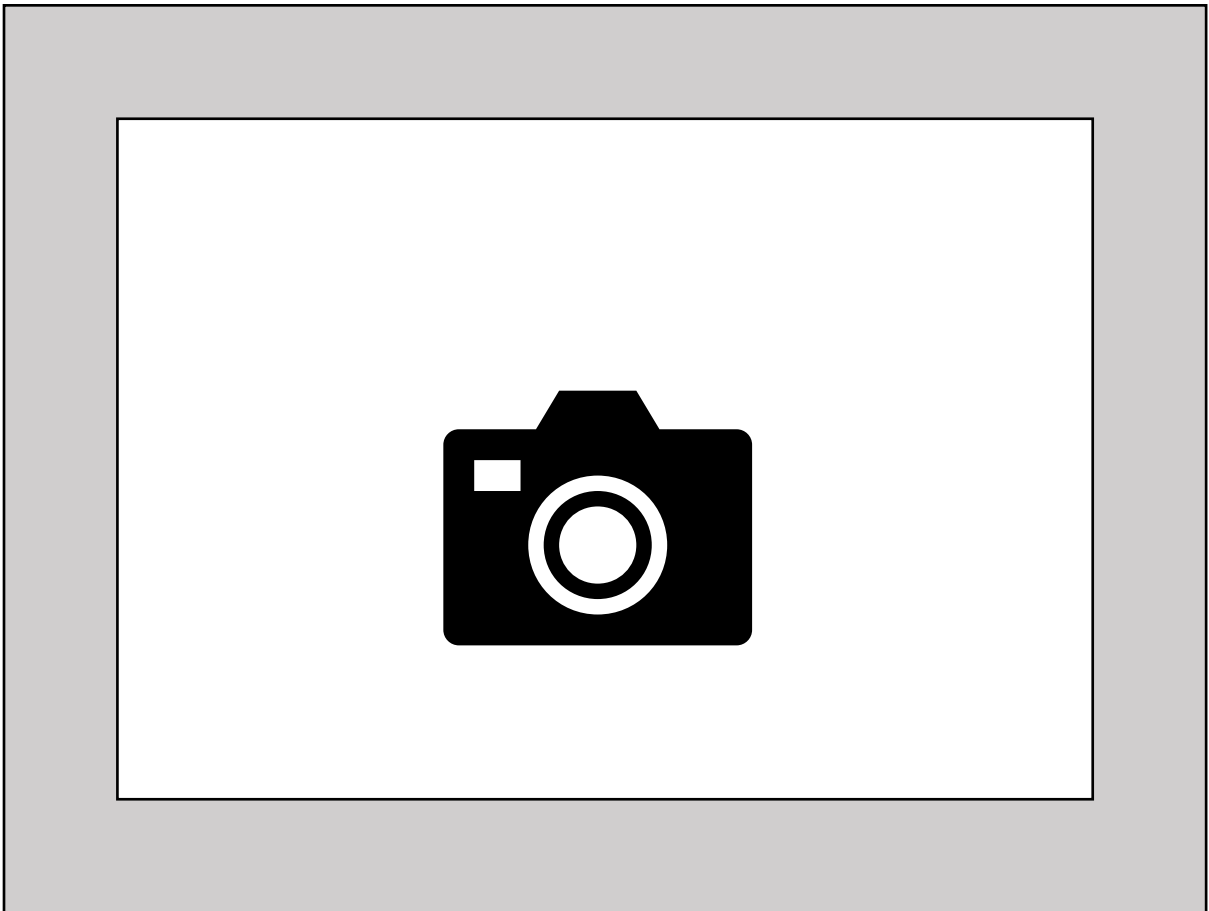


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Photo

Do you have a current photo of your child/family member to provide Dublin Police Services, which accurately depicts how they look present day? If so, please attach form here.



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Emergency Contact Information

First Emergency Contact

Name: _____

Home Address: _____

City: _____ Zip Code: _____ Phone: _____

Second Emergency Contact

Name: _____

Home Address: _____

City: _____ Zip Code: _____ Phone: _____

Please Read and Initial:

I am the lawful and legal parent and/or guardian of the person with special needs listed above:

Name: _____

Relationship: _____

I understand the information provided to Dublin Police Services is for law enforcement to have all the necessary information to better handle a situation and that information may be subject to public records laws, ***however, special needs are protected under HIPAA laws and will be redacted when necessary***

Initial: _____

RELEASE OF INFORMATION

I, _____ (print name) hereby give my permission for Dublin Police Services to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

Signature: _____

Date: _____

Please return this completed and signed form to Dublin Police Services -- SNR, 7371 Clark Avenue, Dublin, CA 94568 or email a scanned copy to SNR@Dublin.ca.gov.