DOVER-FOXCROFT POLICE DEPARTMENT

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AETERNUM CUSTOS

Information Checklist for Law Enforcement and Emergency Personnel To Assist Persons with Autism, Dementia or Other Disabilities

Last Name: _____ **First Name:** _____

PERSONAL DESCRIPTION

Date of Birth: _____

Race and sex: _____

Height: _____

Weight: _____

Hair Color: _____

Eye color: _____

Glasses: _____

_____

Diagnosed Condition(s): _____

_____

PHOTO

_____

Any co-existing diagnosis: _____

Does he or she carry any special identification? YES NO

If so, what form and where is it carried? _____

How do you phrase the question for identification? _____

IMPORTANT ADDRESS INFORMATION

Home: _____

Phone: _____

School: _____

Phone: _____

EMERGENCY CONTACTS

At Home: Name: _____ Relationship: _____

Address: _____

Phone: _____

At School: Name: _____ Relationship: _____

Address: _____

Phone: _____

Other: Name: _____ Relationship: _____

Address: _____

Phone: _____

MEDICAL CONCERNS

Current medications (include rescue inhalers or epi-pens and their location on person):

_____

_____

Allergies, including allergies to medications: _____

_____

_____

Eye contact:	GOOD	FAIR	POOR
Does he or she have seizures?	YES	NO	
Is he or she verbal or nonverbal?	VERBAL	NON-VERBAL	

If nonverbal, what does he or she use to communicate with others (sign language, picture symbols, etc)?

_____

_____

Is he or she sensitive to noise, touch, or light? YES NO

If sensitive, how may he or she react to noise, touch, or light?

Does he or she engage in self stimulation behavior? If so what kind?

Does he or she run away from home or school? YES NO

Where might he or she go?

Is he or she attracted to water? YES NO

Is he or she attracted to confined spaces? YES NO

If so what spaces may they be attracted to?

Alcohol or drug issues?

Prior arrests/contact with police or emergency personnel?

Is there a history of physical aggression towards themselves, family members, police or others?

Are there any weapons in the home?

If yes, are the weapons secured?

Does he or she have any specific fears? YES NO

Please list any triggers or fears that may upset him or her:

Does he or she have any pre-meltdown signs? YES NO

If so, what are they?

If he or she has meltdowns, what is the meltdown behavior? Please describe:

Does he or she have any calming strategies that work? If so what are they?

Does he or she perseverate on any particular object or theme? If so what are they?

What is his or her favorite topics of conversation?

Any other pertinent information:

RELEASE

I,_____give permission to the town of **DOVER-FOXCROFT** to retain and distribute this information to law enforcement and emergency personnel for the sole purpose of identification and assistance to the person at risk.

Print name:

Signature:

Date:

For questions or more information contact the Dover Foxcroft Police Department 564-8021