



ACUSHNET POLICE DEPARTMENT

Chief of Police – Michael G. Alves

64 Middle Road, Acushnet, MA 02743 | Tel: (508) 998-0240 | Fax: (508) 998-0201

www.acushnetpd.com



AUTISM BIO FILE

A registry to assist persons at risk

Complete form, affix photograph and return to:

Acushnet Police Department
64 Middle Road
Acushnet MA 02743

Last Name _____ First Name _____ MI _____

Personal Description:

Date of Birth: _____

Sex: Male Female

Height: _____

Weight: _____

Hair Color: _____

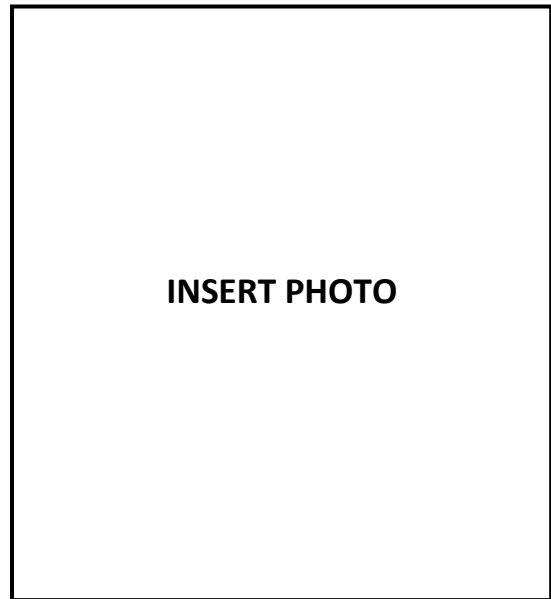
Eye Color: _____

Scars: _____

Birthmarks: _____

Glasses: Yes No

Diagnosis: _____



Important Address Information

Home Address: _____

Phone: _____



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Emergency Contacts

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information

Medications: _____

Verbal **Non-Verbal** (Circle one) If non-verbal, preferable mode of communication

Describe medical alert ID worn: _____

Important information that will help identify the risk or assist personnel in communicating, understanding, caring for and maintaining the safety of this person. If necessary, attach a separate page. _____

Release

I, _____ give my permission to the **Acushnet Police Department** to retain and distribute this information to first response personnel in Acushnet for the sole purpose of identification and assistance to the person at risk.

Print Name: _____ Signature: _____

Date: _____