



ACUSHNET POLICE DEPARTMENT

130 Main Street
Acushnet, MA 02743
Phone: 508-998-0240
Fax: 508-998-0201



Chief Michael G. Alves

Sergeant Barry W. Monte
Sergeant Stephen McCann
Sergeant Thomas L. Carrean

Sergeant Christopher R. Richmond
Sergeant Gary S. Coppa

Autism Bio File

A registry to assist persons at risk

Complete form, affix photograph and return to: **Acushnet Police Department
c/o Officer Jenkinson
130 Main Street
Acushnet Ma 02743**

Last Name _____ First Name _____ MI _____

Personal Description:

Date of Birth: _____

Race: _____

Sex: Male Female

Height: _____

Weight: _____

Hair Color: _____

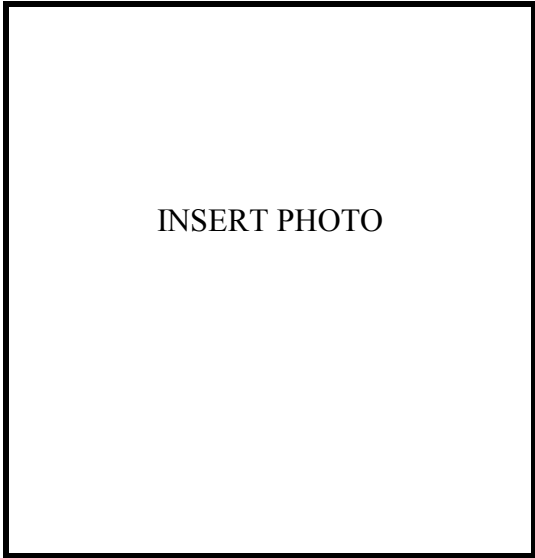
Eye Color: _____

Scars _____

Birthmarks: _____

Glasses: YES NO

Diagnosis: _____



Important Address Information

Home Address: _____

Phone: _____

Emergency Contacts

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information

Medications: _____

(Circle one) **Verbal** **Non- Verbal** 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: _____