DAVIESS - MARTIN
DMSEC
SPECIAL EDUCATION COOPERATIVE

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Washington, IN 47501

911 REGISTRY FORM

__ Autism __other disability:_____

_____ **M ___ F ___**

Name (Nickname) (D.O.B.)

_____

City Phone

_____

Parent/Guardian/Caretaker/Other (Please specify)

_____

Phone Work # Cell #

_____

Secondary Emergency Contact- name Phone

Behaviors, Habits, Fears:_____

Favorite attractions and locations where person may be found:_____

Best communication method in crisis:_____

Wears ID jewelry, tags in clothes, etc. No _____ Yes ____

Where can it be found?_____

Critical medical information:_____

Key contact to keep information updated:

_____

Name Phone

PERMISSION FOR DISCLOSURE

I,_____parent/guardian/caretaker of _____
give permission for information regarding him/her to be given over the dispatch radio.

Signed _____ Date: _____