



Emergency Contact Form

For Children with Special Needs

Easthampton Public Safety
 32 Payson Ave. Easthampton, MA 01027
 (P) 413-527-1212 (F) 413-529-1499

CHILD INFORMATION			
Full Name:		Nickname (if any):	
Date of Birth:		Gender:	
Home Address:			Zip +4:
Home Phone:		Cell Phone:	

PHYSICAL DESCRIPTION				
Height:	Weight:	Eye Color:	Build:	Age:
Hair Color and Style:			Glasses or Contacts:	
Distinguishing Marks (scars, moles, tattoos, piercings):				
Overall Appearance:				
Photo Available? Y <input type="checkbox"/>		N <input type="checkbox"/>		Where?

HEALTH/GENERAL CONDITIONS
Overall Health:
Known Medical or Dental Diagnosis:
Overall Physical Condition:
Handicaps/Deformities/Prosthetics:
Known Psychological Diagnosis:
Current Medications:
Medication Dosages:
Medication Allergies:
Identification Worn: (ex. Jewelry/Medical Alert Tag, ID Cards, Tracking Monitor etc...)
Method of Communication, if non-verbal: Sign Language, Picture Boards, Written Words, etc...
Sensory/Medical/Dietary Issues and Requirements if Any:

PARENT INFORMATION
Name:
Address:

Home/Other Phone:
Other Contact Info:

CAREGIVER INFORMATION	
Name:	
Address/Agency:	
Home/Other Phone:	
Other Contact Info:	

MEDICAL CARE PROVIDERS/PEDIATRICIAN		
Name:	Phone:	Office Address:
Name:	Phone:	Office Address:
Name:	Phone:	Office Address:
Other Contact Information:		

EMERGENCY CONTACT INFORMATION			
1st	Name:	Address:	Phone Number(s):
2nd	Name:	Address:	Phone Number(s):
3rd	Name:	Address:	Phone Number(s):

SCHOOL INFORMATION	
Name of School:	
Address of School:	
Principal's Name:	Teacher(s) Name(s):
Phone Number:	

CLOSE FRIEND		
Name:	Address:	Relation to Child:
Home Phone:	Cell Phone:	
Name:	Address:	Relation to Child:
Home Phone:	Cell Phone:	

OUTDOOR EXPERIENCE	
Is Child Familiar With the Area?	
Ever Lost Before? Y <input type="checkbox"/> N <input type="checkbox"/>	When:
Where:	

**Additional Information For Children With Autism
To Address Immediate Life Saving Efforts**

Tracking Device Information Worn/Carried? Y <input type="checkbox"/> N <input type="checkbox"/>
If So, How Are Tracking Measures Initiated?
Child Attracted to Water? Y <input type="checkbox"/> N <input type="checkbox"/> If Specific Body of Water, Which One:
Child Able to Swim? Y <input type="checkbox"/> N <input type="checkbox"/>
Child Attracted to Roadways/Highways? Y <input type="checkbox"/> N <input type="checkbox"/>
Child Attracted to Trains <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Airplanes <input type="checkbox"/> Fire Trucks <input type="checkbox"/>
Other Vehicles, Specify:
Has Child Wandered Before: Y <input type="checkbox"/> N <input type="checkbox"/>
Where Was Child Found?
Child Has Siblings With Special Needs: Y <input type="checkbox"/> N <input type="checkbox"/>
Siblings Have Wandered Before: Y <input type="checkbox"/> N <input type="checkbox"/>
Where Were Siblings Found?
Child Verbal <input type="checkbox"/> Nonverbal <input type="checkbox"/>
Reaction When Name Called?
Responds to Voice of Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) <input type="checkbox"/>
Favorite Song:
Favorite Toy:
Favorite Character:
Knows Parent's Names <input type="checkbox"/> Home Address <input type="checkbox"/> Phone Number <input type="checkbox"/>

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions or locations where child may be found if missing:

Likes/Dislikes (include approach and de-escalation techniques):

Anything other information not included above that may assist us in assisting your child:

Please update this information with Easthampton Public Safety as changes occur or around your child's birthday annually to ensure information is accurate and up to date.

Thank you!