TOWN OF FISHKILL
POLICE DEPARTMENT

SPECIAL NEEDS REGISTRY FORM

REGISTERED PERSON

Name	Nickname (if any)
Address (City State Zip)	Date of birth

Height	Weight	Eye color	Hair color

Add Image

EMERGENCY CONTACT

Name	Relationship
Address (City State Zip)	

Home phone	Cell Phone	Email

COMMUNICATION

Please share any information that will help us communicate with your child. If nonverbal what might be the best method to communicate: sign language, picture boards, written words:

IDENTIFICATION

Does your child wear or carry identification that we should be aware of, for example; jewelry, Project Lifesaver bracelet, clothing tags, ID card, tracking monitor:

ISSUES AND REQUIREMENTS

Sensory, medical or other issues and requirements that first responders should be aware of:

WANDERING

Please let us know if your child has an inclination for wandering behaviors or particular objects (like water) that may attract his or her attention:

LOCATIONS

Favorite attractions and locations where you think your child may be found if missing:

APPROACH AND DE-ESCALATION

Let us know your child's likes, dislikes and techniques that might be successful in approaching your child or de-escalating a situation:

OTHER

Let us know of any other information that you feel first responders should be aware of. Remember, the information you are providing is what you believe will help first responders in the early stages of an emergency. You will have to provide more detailed information if an emergency occurs:

PHOTOGRAPH

Having quick access to a recent photograph of your child could be helpful to first responders. If you have a recent photo that you would like us to have in case of emergency please attach it to this form or if digital, email it to the Chief of Police at chiefofpolice@fishkillpd.org

CONSENT

By submitting this registration, I consent to sharing of the information on this form to public safety professionals only. This information will be otherwise kept confidential and is not subject to disclosure to outside parties.

NAME_____ SIGNATURE_____ DATE_____

The completed form can be returned in person to the police desk, mailed to the Chief of Police or emailed to chiefofpolice@fishkillpd.org

Town of Fishkill Police Department
801 New York Route 52
Fishkill, NY 12524