

SPECIAL NEEDS INFORMATION FORM FOR LONDONDERRY FIRST RESPONDERS

ADULT _____ Child _____

IS PERSON VERBAL? YES ___ NO ___ LANGUAGE SPOKEN IN HOME: _____ DATE: _____

WILL PERSON RUN AWAY FROM RESPONDER? YES ___ NO ___

PERSON'S FULL NAME: _____ NICKNAME: _____

HOME ADDRESS: _____

PARENT(S)/GUARDIAN(S) NAME: _____

PHONE NUMBER PARENT(S)/GUARDIAN(S) _____

DOES PERSON HAVE A CELL PHONE? YES ___ NO ___ IF YES, # _____ ATTACH PHOTO HERE

DATE OF BIRTH: _____ M F AGE AT TIME OF PHOTO: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

IS YOUR CHILD IN A SCHOOL PROGRAM? YES ___ NO ___ NAME OF PROGRAM: _____

CURRENT PHYSICAL DESCRIPTION: _____

LIST CONTACT NAMES/NUMBERS OF THOSE WITH WHOM THEY WOULD RECOGNIZE IN THE EVENT THEY MAY TRY TO SEEK THEM OUT: OLDER SIBLINGS, GRANDPARENTS, AUNTS/UNCLES, DAYCARE PROVIDERS, NEIGHBORS.

OTHER CONTACT NAMES	OTHER CONTACT PHONE NUMBER
_____	_____
_____	_____
_____	_____

ARE THERE ANY NEARBY AREAS THEY MAY WANDER TO? (POND, PARK, NEIGHBOR'S HOUSE)?

MEDICAL CONDITIONS/CONCERNS:

ANY LIMITATIONS(PHYSICAL/COMMUNICATION/AUDITORY): _____

ANY KNOWN ALLERGIES (FOOD, BEE/INSECT/SEASONAL/DRUG)? _____

TOLERANCE FOR PAIN: HIGH ___ AVERAGE ___ LOW ___ MEDICATIONS: _____

CALMING TECHNIQUES:

BEST WAY TO APPROACH: _____

ANY SENSITIVITIES (NOISE, SIRENS, TOUCH, MOVEMENT, SMELLS, LIGHTS)? _____

ANY KNOWN FEARS? _____

FAVORITE TOY/CHARACTER/SONG/TV SHOW/COMPUTER GAME? _____

I understand that this form will be shared between the Londonderry School District (for school aged children) Londonderry Police and Londonderry Fire Department.

Parent/Guardian signature

Date