



# Gorham Police Department

270 Main Street, Gorham, Maine 04038  
Telephone (207) 839-5581 Fax (207) 839-7717



## Emergency Information Release Form

This form is being completed voluntarily to allow specific information to be used by first response/law enforcement personnel to assist the person named in this form. I am registering myself, or I am the parent, legal guardian, or legally chosen designee of the person being registered. My relationship to the person being registered is\_\_\_\_\_.

I am giving my permission to the Gorham Police Department to retain and distribute this information for the sole purpose of identification and assistance to the person at risk. I understand this information will be kept confidential and will only be used by emergency personnel for the stated purpose.

I understand that the information provided can be added to or deleted from the system by my written request. I understand that there may be instances where this information may not deter incidents from taking place. The Gorham Police, in gathering and maintaining this information, make no representations or promises that such incidents can be prevented.

Parent / Guardian Signature:\_\_\_\_\_

Parent / Guardian Printed Name:\_\_\_\_\_

Name of Child & Age: \_\_\_\_\_

Date:\_\_\_\_\_

Date filled out:\_\_\_\_\_

## **Gorham Police Emergency Information for an Individual with Autism or Other Disability**

Name:\_\_\_\_\_Date of Birth:\_\_\_\_\_Age:\_\_\_\_\_

Medical Condition or Disability(s):  
\_\_\_\_\_

Does he/she carry any special identification: YES\_\_\_\_\_ NO \_\_\_\_\_

If so, what form and where is it carried? \_\_\_\_\_

Photograph Provided: YES\_\_\_\_\_ NO \_\_\_\_\_

Alias or Nicknames:\_\_\_\_\_

Physical Description:

Height:\_\_\_\_\_Weight:\_\_\_\_\_Eye Color:\_\_\_\_\_

Hair Color:\_\_\_\_\_Eyeglasses:\_\_\_\_\_Left or Right Handed\_\_\_\_\_

Marks/Scars/Tattoos or other identifiers: \_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_

Home:\_\_\_\_\_Cell:\_\_\_\_\_Work:\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_

Address:\_\_\_\_\_

Home:\_\_\_\_\_Cell:\_\_\_\_\_Work:\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_

Address:\_\_\_\_\_

Home:\_\_\_\_\_Cell:\_\_\_\_\_Work:\_\_\_\_\_

Emergency Contact Name, Telephone, Relationship  
(other than parents/guardian):

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**Medical Concerns:** \_\_\_\_\_  
**Current Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Allergies to Medication:** YES \_\_\_\_\_ NO \_\_\_\_\_  
**Please List:**

\_\_\_\_\_  
\_\_\_\_\_

**Does he/she have seizures?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Is the individual verbal:** YES \_\_\_\_\_ NO \_\_\_\_\_

**If not what method of communication can be used:** \_\_\_\_\_

**Eye Contact:**            **Good**            **Fair**            **Poor**

**Is your child a:** Hider \_\_\_\_\_ or Wanderer \_\_\_\_\_

**Does he/she engage in self-stimulation behavior? If so, which one:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any word triggers that would help us communicate with the individual:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any sensory or sensitivity issues (example touch)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the individual have an accurate sense of danger:**

\_\_\_\_\_  
\_\_\_\_\_

**Does the individual have a history of aggressive behavior:**

\_\_\_\_\_

**If yes please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any calming techniques:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the individual scared of Law Enforcement or Emergency Services:**

**YES\_\_\_\_\_ NO \_\_\_\_\_**

**If yes please specify: (uniform, hats, lights, or sirens)**

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**Any behaviors that is normal to the individual that may be misconstrued as threatening or aggressive:**

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**Please list any specific interests: (examples water, swimming, swing sets etc)**

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**Please list closest body of water and area swimming pools:**

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**Please list friends in the neighborhood the individual may go: (please include phone numbers and address if applicable)**

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**Please list any places individual has been located in the past:**

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**Are there any other medical conditions we should be aware of:**

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**Is there any other information that would be helpful to Emergency Personnel:**

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