

I Want You to Know

Emergency Responder Communication Awareness Form

Town of New Castle Police Department
200 South Greeley Avenue
Chappaqua, NY 10514
914-238-4422

This form lets you share information that you feel is important for first responders to know early-on, should we need to communicate with a special needs person in an emergency. All information provided remains confidential and will only be used for its stated purpose.

Name: _____ Nickname if any: _____

Address: _____

Date of birth: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Emergency Contact Name: _____

Relation: _____

Address (if different): _____

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 word: _____

Identification: Does your child wear or carry any identification that we should be aware of. For example Jewelry, Project Lifesaver bracelet, clothing tags, ID card, tracking monitor, if any: _____

Issues and requirements: Sensory, medical, or other issues and requirements that you feel first responders should be aware of, if any: _____

Wandering: Please let us know if your child has an inclination for wandering behaviors or characteristics 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: Please let us know of your child likes, dislikes and techniques that might be successful in approaching your child or de-escalating a situation: _____

Other: Please 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 the opportunity 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 should you child become lost. If you have a recent photo that you would like us to have in case of an emergency please attach it to this form or if digital email it to the Chief of Police at chiefofpolice@mynewcastle.org.

The completed form can be returned in person to the police desk, mailed to the Chief of Police, New Castle Police Department, 200 South Greeley Avenue, Chappaqua, NY 10514 or emailed to chiefofpolice@mynewcastle.org.

Name of person completing this form: _____

Date: _____

Telephone: _____ Email: _____