

Special Needs Wandering Worksheet

Please submit this form to Officer Steve Hall by dropping it off at the police station or by email: Shall@duxburypolice.org

First Name	Las	t Name	
Address			
DOB	Height	Weight	
Hair color	Eye color		Photo
Phone #			
Mother's Name		Cell #	
Father's Name		Cell #	
Other contact		Cell #	
Nickname chile	d likes to be called		
Child's favorite	e places in/around	town	
Triggers for ch	ild		
Favorite Superhero		Favo	prite Food
Sports/teams the child likes			Favorite TV show
Favorite video game		Favorite Vi	deo game Character
Does the child	wear a GPS device	??	

Does the child wear a medical alert bracelet/neck Is the child verbal or non-verbal?	klace?
Other Helpful Information	
Past places your child has wandered to	
Any other medical issues you would like us to be	aware of
Hazards known in the area	
I,, give my full permissi this information, to be kept on file for the purpos to Autistic Child Identification efforts and related	es of identification and the assistance relative
Signature	 Date