

Does the child wear a medical alert bracelet/necklace? _____
Is the child verbal or non-verbal? _____

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 permission to the Duxbury Police Department to retain this information, to be kept on file for the purposes of identification and the assistance relative to Autistic Child Identification efforts and related activities.

Signature _____ Date _____