

WELLS POLICE DEPARTMENT

Autism Checklist for Law Enforcement/First Responders

A Registry to Assist Persons At Risk

Last Name: _____ First Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Glasses: _____ Birthmarks: _____ Scars: _____

Diagnosis: _____

Carry any Special Identification? No Yes, type: _____

Medical Concerns: _____

Medications: _____

Allergies: _____

Have Seizures? Yes No Sensitive to Touch? Yes No

Eye Contact - Good Fair Poor Verbal or Non-Verbal

Engage in Self-Stimming Behavior? Yes No

Describe: _____

Run Away from Home/School? No Yes, goes where? _____

Alcohol/drug issues? No Yes _____

Prior Arrests/Police Contact? No Yes _____

History of Violence? _____

Weapons in House? No Yes, secured: _____

Specific Fears: _____

Triggers: _____

Favorite Topic: _____

Any additional information you feel would be helpful in the event of an emergency: _____

Attach additional sheets as necessary.

I give my permission to the Town of Wells to retain and distribute this information to the first responders/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

Print _____ Signature _____
Parent/Guardian

Date: _____

Please return to:
Wells Police Department
Attn: Autism Registry
PO Box 949
Wells, ME 04090

Autism Society of Maine 1-800-273-5200

Wells Police Dept 646-9354