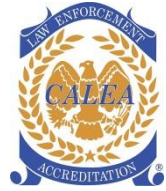




Simsbury Police Department

"In Partnership With Our Community"

Chief Nicholas Boulter



CHILD INFORMATION GUIDE

This informational packet is designed specifically for aiding emergency first responders and local government agencies in providing the assistance your family may need. By providing detailed information about your families specific needs, it will allow responders to tailor our response to provide the highest level of service.

Childs Name

Last Name

First Name

Middle Name

Street Address

Town

State

Zip code

Tel (Landline)

Cell Phone

E-mail

Parent/Guardian

Last Name

First Name

Middle Name

Street Address

Town

State

Zip code

Tel (Landline)

Cell Phone

E-mail

DOB

Authorizing Caregiver Name

Last Name

First Name

Middle Name

Street Address

Town

State

Zip code

Tel (Landline)

Cell Phone

E-mail

Relationship to child

Notes: _____

Personal Data

First Name: _____

Middle Name: _____

Last Name: _____

Nickname: _____

Gender: _____

Date of Birth: _____

Height: _____

Weight: _____

Build: _____

Skin Color: _____

Complexion: _____

Eye Color: _____

Corrective Lenses: Glasses Contacts or None

Hair Color:_____

Hair Style:_____

Facial Hair:_____

Hearing Aid: Yes or No

Scars/Marks/Tattoos:_____

Medical Condition/Diagnosis:_____

General Appearance:_____

Known Physical Disabilities:_____

Medical Comments/Cautions:

Other Medical Conditions:_____

Medications:

- 1.
- 2.
- 3.
- 4.
- 5.

Please consider attaching a current photo of your child (Facial Portrait & Full Size)

Consequences of NOT Taking medications : _____

Psychological Diagnoses: _____

- 1) Does the child know parent names? Yes / No
- 2) Does the child know their address? Yes / No
- 3) Does the child remain oriented to Time and Person? Yes / No
- 4) Does the child recognize familiar personas and faces? Yes / No
- 5) Can the child travel /walk / bike to familiar locations? Yes / No
- 6) Does the child tend to re-live events in his/her life? Yes / No
- 7) Does the child remember his/her own name and the names of loved ones? Yes / No
- 8) Does the child suffer from delusions? Yes / No
- 9) How well does the participant communicate verbally?

- 10) Does the participant normally carry or wear personal items?
- 11) Candy/Gum? Yes / No
- 12) Wallet, Handbag or Purse? Yes / No
- 13) Identification? Yes / No
- 14) Jewelry? Yes / No
- 15) Watch? Yes / No
- 16) Does the child have restricted mobility like wheelchair, crutches, cane or etc? Yes / No
- 17) Does the child drink alcohol? Yes / No
- 18) Use Illicit Drugs? Yes / No
- 19) Afraid of Dogs? Yes / No

20) Afraid of the Dark? Yes / No

21) Does child carry "Safety /Comfort" blanket or toy? Yes / No

22) Does the child talk to strangers? Yes / No

23) Is the child dangerous to him/herself or others? Yes / No

24) Is the child afraid of loud noises? Yes / No

25) Is the child afraid of bright or flashing lights? Yes / No

26) Is your child afraid of uniformed personnel? Yes / No

27) Does your child have outdoor survival experience? Yes /No

28) Is your child attracted to water (pools, lakes, ponds etc) Yes / No

29) Can your child swim? Yes / No

30) Is there any other child or family member with special needs in the home? Yes / No

31) Are there firearms inside the home? Yes / No

32) Does your child have access to the firearms? Yes / No

If Yes,

explain:_____

Has your child ever been lost before or wandered? Yes / No

If Yes, where and describe circumstances:_____

Is the participant usually sociable or solitary?_____

Does your child have a particular behavioral trigger? To include response to being touched, response to pain or injury, sensory stimulation?

If your child was distressed, what would be the best approach to assist or calm them down to make them feel safe & comfortable?

Parent/Guardian Employment Information

Mother:

Employer Name:_____

Employer Address:_____

Employer Telephone Number:_____

Father:

Employer Name:_____

Employer Address:_____

Employer Telephone Number:_____

School Information

Current School Name:_____

Current School Location:_____

Current School Telephone Number:_____

Current Teacher, Room number, or name of teachers aid:_____

Primary Care Doctor:_____

Address of PCP: _____

Phone Number of PCP: _____

Child Information Continued

Frequently visited places:

Name & Address of best friend:

Child Interests/Likes (relevant to locating if missing):

Known Friends/Family Members in Area:

Other Caregiver Name

Last Name	First Name	Middle Name
<hr/>		

Street Address

Town	State	Zip code
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Tel (Landline)	Cell Phone	E-mail
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Relationship to Child

Notes: _____

Other Caregiver Name

Last Name	First Name	Middle Name
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Street Address

Town	State	Zipcode
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Tel (Landline)	Cell Phone	E-mail
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Relationship to child

Notes: _____

Is there any additional information you wish to provide about your child?

Privacy disclaimer: The Simsbury Police Department will work hard to keep all personal information provided on this form private. There might be circumstances pertaining to our response for assistance or operating procedures in which personal information provided on this form might be broadcasted over the police radio frequency to assist first responders in performing their duties. Like all forms of communications there is no guarantee that this information will be secure from other parties listening to the police, fire or EMS radio frequency.

Parent / guardian_____

Sign