

Primary Diagnosis: Autism Asperger's Pervasive Development Disorder

Rett's Disorder Childhood Disintegrative Disorder

Additional Diagnosis: ADHD/ADD Depression Mood / Bipolar Schizophrenia

Anxiety Seizure / Epilepsy Other: _____

Primary Physician / Pediatrician

Phone Number

Medication

Verbal Ability: Nonverbal (no language at all) Limited Verbal Skills Sign Language

Verbal skills appropriate for developmental age

List any type of interaction approach, topic, song, toy or character that your child would feel at ease with, if an officer were to bring it up in a conversation:

List any other recommendations for interacting with your child:

List any of your child's favorite places to go, within walking distance:

MOTHER / OR LEGAL GUARDIAN:

Last Name

Suffix

First Name

Middle Name

Address Same as Child's

Street Address _____ Apartment _____

City _____ State _____ County _____ Zip-code _____

Phone Numbers: _____ - _____ Cell Home
_____ - _____ Cell Home Other

E-mail Address: _____ @ _____

Place of Employment / Address _____ Phone Number _____

FATHER / OR LEGAL GUARDIAN:

Last Name _____ Suffix _____ First Name _____ Middle Name _____

Address Same as Child's

Street Address _____ Apartment _____

City _____ State _____ County _____ Zip-code _____

Phone Numbers: _____ - _____ Cell Home
_____ - _____ Cell Home Other

E-mail Address: _____ @ _____

Place of Employment _____ Phone Number _____

OTHER GUARDIANS / EMERGENCY CONTACTS:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

PRIVACY DETAILS:

Information obtained within this form is for the purpose of locating an endangered child, safely.

The information will be stored within the West York Borough Police Department and only accessible by sworn law enforcement officers employed by the Borough of West York. Personal information will never

be shared with persons other than law enforcement officers, search parties and medical personnel AND ONLY in the event that your child goes missing.

Information provided to civilian search parties will only include child's name, description and means of communicating / interacting.

After your child is located, this information will be secured within the West York Borough Police Dept.

SIGNATURE:

I understand that I am voluntarily providing this information to the West York Borough Police Department and that this information may be used in the event that the child listed on this form goes missing. This information may be provided to law enforcement officers and limited information may be provide to search and rescue individuals, who may be civilian, for the sole purpose of locating my child. In the event that the child is located and in need of medical attention, this information may be provided to medical staff.

Full Name

Signature

Date

Please include a recent photograph of your child and provide this form and photograph to the West York Borough Police Department at 1381 W. Poplar St.; York, PA 17404.

If you have any questions, you may e-mail dkahley@wybpd.org.