

# HURON POLICE DEPARTMENT SPECIAL NEEDS REGISTRY

Please complete and return to the police department located at:  
417 Main Street, Huron, OH 44839

Phone: (419) 433-4114

<p><b>Person with Autism or Special Needs:</b></p> <p>Formal Name: _____</p> <p>Nickname: _____</p> <p>Address: _____</p> <p>DOB: _____ Sex: _____ Race: _____</p> <p>Heights: ____ Weight: ____ Hair: ____ Eyes: ____</p> <p>Phone #/Phone Provider: _____</p> <p>Other Physical Descriptors: _____</p>	<p><b>Emergency Contacts:</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p>
<p><b>Medial Needs / Allergies:</b></p>	<p><b>Safe places can be taken to:</b></p>
<p><b>Likes:</b></p>	<p><b>Dislikes:</b></p>
<p><b>Behaviors when unhappy/upset:</b></p>	<p><b>Places might be found at:</b></p>

# Huron Police Department Special Needs Registry Continued:

<p>Places really likes to go:</p>	<p>Places may be hiding:</p>
<p>Soothing and calming techniques:</p>	<p>Any other helpful information:</p>
<p><b>Photograph, if available:</b></p>	<p><b>Release of Information</b></p> <p>I hereby give my permission to the Huron Police Department to retain and distribute the information contained in this registration form to other First Responders, (including, but not limited to: Police, Fire, EMS, Rescue, and Dispatchers) for the sole purpose of identification and protection of the person identified above, in the event of an emergency or crisis.</p> <p>Signature: _____</p> <p>Today's Date: _____</p>