

LIVONIA POLICE DEPARTMENT

AUTISM / SPECIAL NEEDS ENTRY REQUEST

DATE: _____

ADDRESS: _____ Home telephone number: _____

NAME _____ DOB: _____

RACE _____ SEX _____ HT _____ WT _____ HAIR COLOR _____ EYE COLOR _____

VERBAL _____ NON -VERBAL _____

DIAGNOSIS: _____

Mother _____ Father _____

Mother Cell # _____ Father Cell # _____

Guardian(s) Name: _____

Guardian (s) Cell #: _____

EMAIL(s): _____

EMERGENCY CONTACT(s): _____

ADDITIONAL INFORMATION (unique physical descriptions, specific behavior problems, triggers, issues with authority, and how to respond, list disabilities, acute medical conditions and recommended treatment, etc..)

MEDICATION(s): _____

FORM COMPLETED BY: _____

SIGNATURE OF LPD STAFF WHO RECEIVED THIS FORM: _____

NOTE: Please complete this form and update it with the Livonia Police Department every two years.