



Middletown Police Department

Safe Response Program

Date: _____

Child's First Name _____ Middle Name _____ Last Name _____

Nickname(s) _____

Date of Birth _____ Age _____

Address _____

_____ Male _____ Female

Race _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars or Identifying marks _____

1. Disability/diagnosis:

___ Autism ___ Deaf ___ Blind ___ Seizure Prone ___ Cognitive Impairment

___ Down Syndrome ___ Other: _____
please indicate

2. Is the child verbal: ___ Yes ___ No

3. _____

Medication(s)

4. Sensitivities: ___ Noise ___ Light ___ Touch ___ Taste ___ Smell

Explain:

5. **Attractions:** ___ Water ___ Roads ___ Heavy Equipment ___ Emergency Vehicles
___ Other

Explain: _____

6. Can the child swim: ___ Yes ___ No

7. Does the child have any favorite toys, songs or characters: ___ Yes ___ No

If so explain: _____

8. Does the child have any dislikes, fears, or behavioral triggers: ___ Yes ___ No

If so explain: _____

9. Favorite parks/places to go: _____

10. Does the child become upset easily: ___ Yes ___ No

If so, what methods are used to calm them down: _____

11. How might the child respond to sirens, uniforms, K-9s, and/or emergency lights?

12. Other important information: _____

WAIVER AND RELEASE OF INFORMATION

___ I give my authorization for the Middletown Police Department to obtain the confidential information I provided in this document regarding my son/daughter.

___ I understand that the purpose of providing this information to the Middletown Police Department is to participate in the Safe Response Program. I understand that while this program is designed to better assist my child during an emergency, assistance cannot be guaranteed in all cases.

___ I understand that my participation in the program is voluntary and may be revoked at any time.

___ By signing this form, I authorize the Middletown Police Department to share the information provided in this document to other local and state emergency responders, such as other police and fire departments in Rhode Island.

Signature of Parent/Guardian

Date

"A Nationally Accredited Agency"

Emergency Contact Information:

Primary:

Name	Relationship
Address	
Work Address	
Home phone	Cell phone

Secondary:

Name	Relationship
Address	
Work Address	
Home phone	Cell phone

Attach recent photo: (other than school photo)

Please return form to:
SRO Benjamin Costa #33
Middletown Police Department
123 Valley Road
Middletown RI 02842
401-846-1144 ext. 7033
401-846-0175 fax
bcosta@middletownri.com

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