

WALWORTH COUNTY SHERIFF'S OFFICE

Autism & Special Needs Registry



1770 County Rd NN
 Elkhorn, WI 53121
 Phone: 262-741-4400
 www.co.walworth.wi.us

Disclaimer: Completion of this form authorizes the release of information below to Public Safety Responders. All questions contained in this form are confidential and will only be used to improve the interaction between the listed person and Public Safety Responders, such as law enforcement, fire, emergency medical care providers and school officials. Walworth County will take all possible measure to assure this information is relayed to the proper personnel, however, completion of this form does not guarantee that this information will be readily accessible and shared with responding personnel.

*We strongly recommend resubmitting this form with updated information annually. Information will be purged when the name file is updated. **Please include with this completed form at least one current photograph of your loved one.***

Date of completion:		Due date to review and update the form:		Current School Year: (if applicable)	
Last name:		First name:		M.I.	
Date of birth:		Gender:		Race:	
Preferred name/nicknames:					
Home address:					
City:		State:	Zip:	Phone #:	
Primary diagnosis/disability:					
Relevant medical conditions/behaviors in addition to primary diagnosis/disability (check all that apply)					
<input type="checkbox"/> No sense of danger		<input type="checkbox"/> Blind		<input type="checkbox"/> Deaf	
<input type="checkbox"/> Cognitive impairment		<input type="checkbox"/> Combative/aggressive		<input type="checkbox"/> Non-verbal	
				<input type="checkbox"/> Prone to seizures	
				<input type="checkbox"/> Other, please explain: Aortic Stenosis - Epilepsy	
Hair:		Eyes:		Height	
				Weight:	
Build (e.g. thin, stocky, tall, etc):					
Scars, marks or tattoos:					
Language Spoken:					

List specific location(s) in the Walworth County area where this person will normally be, with contact information if applicable. Include schools, camps, facilities, etc.

Describe best methods of approach and de-escalation with the person:

Describe any forms of identification carried by the person (e.g. ID bracelet):

List names of people in the area who the person might seek out (include phone #):

Describe any life threatening medical concerns of the person:

Provide any other relevant information about the person:

Other people living in the home (include full name with middle initial and date of birth):

EMERGENCY CONTACT

Last name:	First name:	Middle Initial:	Date of Birth:	Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary phone #:	Other phone #:	Relationship:		
Home address:				
City:	State:	Zip:	Email:	
Employer name & address:				

SECONDARY EMERGENCY CONTACT

Last name:	First name:	Middle Initial:	Date of Birth:	Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary phone #:	Other phone #:	Relationship To Subject:		
Home address:				
City:	State:	Zip:	Email:	
Employer name & address:				

PERSON COMPLETING FORM

SAME AS EMERGENCY CONTACT: Yes No SAME AS SECONDARY EMERGENCY CONTACT: Yes No

Last name:	First name:	Middle Initial	Date of Birth:
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Primary phone #:	Other phone #:	Relationship To Subject:
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Home address:

City:	State:	Zip:	Email:
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Employer name & address: