

UTILIZING POLICE IN SCHOOLS: A HANDS ON DISABILITY TRAINING & COMMUNITY DEVELOPMENT PROGRAM,

As developed by Police Chief Kevin McCarthy Sr.

Police departments, schools, and parents can use programs like DARE and COPS to develop positive relationships between community police officers and students with disabilities. These relationships have been proven to reduce negative interactions with the police, make the disabled child and family feel like part of a larger welcoming community, support families and assist educators.

Families or school administration can take advantage of these programs which already in place in many schools, by making an appointment with their local police chief to request that the DARE Officer, or School Relations Officer make a point to spend a short time in special education classrooms during their routine bi-monthly visits. Areas only served by the Pennsylvania State Police would make the request to the Commander for a "Community Service Officer" to make these visits once or twice a month as it fits their schedule. During these visits, officers meet and interact with the students. They help them learn to give personal information to uniformed officers, rewarding them when they do. Talk about good ways to respond to police and in general get to know each other. The teachers in the Special Education Classrooms can direct the interaction to best serve the students in their care.

These visits are an effective and inexpensive way for police departments to build community ties and develop relationships with a traditionally underserved and often misunderstood population. They increase communication between disabled individuals and police officers and create opportunities for communication between schools and police.

How does this benefit the students?

- They recognized uniformed individuals as people who can help them.
- They retain a positive feeling toward police officers and paramedics so they will willingly interact with these officers in the future.
- The individual students become known to the officers and so, the officers will know what to do if they see the student wandering or needs assistance in the community.
- If the student is involved in an incident at school, the officer is a known person that can possibly reduce poor outcomes and even the need for physical contact.
- It takes advantage of the natural relationship with the educator to teach the officers how to best interact in a non-threatening manner.
- For higher functioning individuals it reduces the anxiety level they may experience around officers in community situations.

How does this benefit the Police Officer and their department?

- They can recognize the odd movements, noises, and behaviors as possibly being part of a disability as opposed to assuming that they are the result of drug use.
- They get to personally know some of the disabled children in the communities they patrol.
- When they become more familiar with behaviors, even in different people in the community, they are more at ease and then become better able to respond appropriately.
- The time involved in the program was minimal about 10 - 15 minutes per visit to the school.

How does this benefit the schools?

- They have an additional trained adult who has an established relationship with special needs students to help in the event of a behavioral outburst.
- * They have an additional trained adult who has an established relationship with special needs students in the event of a bomb threat or lockdown situation.
- * They form a positive bond with the local police department which can only strengthen the community as a whole.
- There is no cost to the school.

How does this benefit the families?

- They get to know the police officers are in their area.
- They develop positive feelings about the police department because they see that the officers are interested in getting to know and help their children and families.
- * They feel a connection to the department and learn to turn to the police for assistance and in turn become resources for officers and other families.

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Premise Alert System

Frequently asked questions

What is the Premise Alert System?

The Premise Alert System provides families with a uniform method to alert first responders about special needs individuals. It also provides first responders with advance knowledge, allowing for quick and educated responses during crises, evacuations, and disasters. The form is provided free of charge to families through DPW and MH/MR Case Managers and can be found at www.papremisealert.com

Police Chief Kevin McCarthy, Sr. along with Susan F. Rzucidlo, advocate, created this program. It was implemented as a Chester County program in Nov. 2004. The Premise Alert System is currently on track to become a statewide program.

Who can use it?

Anyone who has a special need, health challenge or disability such as, but not limited to, Alzheimer's Disease, Autism, Mental Health Challenges, Mental Retardation, a complex or rare medical condition, who would like first responders such as police, ambulance and fire department to know of their special needs. **HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR THE PURPOSES OF THIS FORM, THE PREMISE ALERT SYSTEM AND PROGRAM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUALS HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE.**

Do I have to give my Foster Care Child's name on the form?

No, it can be processed without a name but someone with authorization needs to sign the form.

Who can fill out this form?

*Individuals with special needs can fill it out for themselves.

*Parents of minor children

*Guardians of minor children

*Current Foster Care Parents (child's name isn't required)

*Those with LEGAL guardianship for another

*Those with the Power of Attorney for another

If you do not have, a legal right to provide this information you should NOT fill out this form or provide this information

Do I have to fill it out?

No, it is VOLUNTARY. You do not have to provide any information you do not want First Responders to know or use.

How do I use the form?

Fill out the form with as much information as you would want put into the 911 database, sign it, and then take a copy to your local police department. They will review it and send a copy to the County 911 center. The information will be put into the system for future use.

What if I live in an area that uses both a municipal police department and a State Police Department?

If you are in an area that is served by both municipal and state departments then you need to make two copies and take one to each department. Take time to talk to an officer about your form.

The form asks for a recent photograph, what kind of picture is best?

A close up picture, like a passport picture or school picture, if the background is plain, will be easiest for police departments to use. The pictures used on the “smile safe picture cards” from school will work or you can make an appointment at your police department and an officer will take a digital picture to attach free of charge.

Will I receive preferential treatment by using this form? NO

*Providing this information does not entitle anyone in a household to preferential treatment. It is simply an attempt to provide emergency response personnel with information that may be helpful when providing service to residents or occupants if it can be utilized by responders.

*Providing information in advance may allow first responders to react and treat in a way that can reduce the possibility of poor outcomes.

How often do I need to fill out a Premise Alert Form?

This form is good for 1 to 2 years depending on the system it is filed in. If you move or need to make changes in the information just fill out another form and submit it. Any of the systems will automatically use the new information.

How can I get more copies?

MH/MR case Managers can mail a copy to you or additional copies can be found on-line at www.papremisealert.com They may also be available from your local school district, IU or State Representative's district office.

What if I need help filling out the form?

Your case manager, school social worker, guidance counselor, or local advocacy group would be happy to help you fill out the form. Forms can be obtained in various languages by contacting SPEAK Unlimited P.O. Box 98 Landenberg PA 19350

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***Autism 101 for Mandated Reporters**

Suspected wandering-based neglect or abuse calls must be investigated to insure the safety of children and adults. Abuse, whether it be against a child or adult, disabled or not, **MUST ALWAYS** be reported. If a mandated reporter suspects an abuse case that involves a child or adult with autism or other developmental disability, he/she needs to be very careful, because what may first look like abuse or neglect may actually be solid signs that families are trying to keep their disabled loved one safe and secure in their home environment and community. The mandated reporter needs to carefully consider the individual's disability and highlight that **SPECIFIC** disability in any reporting. The Mandated Reporter may also want to suggest that any Child Protection Officer or Case Manager contact a knowledgeable trained professional who is familiar with the individual's specific diagnosis and the family history before recommending removal of the individual from a home.

Autism and wandering; A dangerous combination that occurs frequently

- ❖ Individuals with autism wander, much like individuals with Alzheimer's disease. It is helpful if you can keep an open mind about autism related wandering just as you would with Alzheimer's disease wandering. It may very well NOT be a case of neglect. It is impossible for anyone or any family to keep a family member intent on leaving under constant supervision.
- ❖ Many individuals with autism are drawn to water even if they don't know how to swim. Drowning is the most common cause of death among individuals with autism.
- ❖ Individuals with autism may seek water sources even during wintertime i.e. under pool covers, and into ponds that are partially frozen.
- ❖ You may discover reports of children and adults with autism who may remove clothing, wander onto or walk/run near roadways, onto train tracks, near dumps or alleys, into wooded areas and abandoned homes and structures, climb up to places of height, i.e. roofs, bridges, water towers, power lines, attempt to, and enter occupied dwellings.
- ❖ Disturbed sleep patterns are extremely common in the autism population. Wandering at night is also common. Sleep deprivation among caregivers is chronic and longstanding and can cause an inability to keep careful watch over an individual with special needs.
- ❖ Families should be offered **POSITIVE WANDERING PREVENTION ASSISTANCE**. The wandering of a child or adult with autism will not stop by putting them in state custody. Alarm systems that work for Alzheimer's patients may work for individuals with autism. Project Lifesaver, IONKids and other tracking programs have been proven helpful. Providing a Premise Alert Form and techniques on how to keep individuals safe are all effective interventions that professionals can offer to assist parents and caregivers. Go to www.papremisealert.com for a free form and information.

Physical signs

- ❖ Individuals with autism show no physical characteristics.
- ❖ Old scars that look like they didn't get proper treatment are not uncommon. When individuals with autism are injured and are left with a wound that requires stitches it can be difficult if not nearly impossible to either put the stitches in because the individual with autism will need to be fully sedated. This is not always possible and so the child is left with a much larger scar than what one would expect.

- ❖ Old scars from stitches that were successfully put in but ripped out by the individual are also common.
- ❖ Old scars from Self-Injurious Behavior (SIB's) a phenomenon that is frequently found in people with autism. Some individuals will bite, scratch, cut, or otherwise mutilate themselves to a point of leaving scars and marks.
- ❖ Some will have permanent bald patches; no eyebrows or eye lashes from frequent recurrent self-injury.
- ❖ Bruises, old and new, can be from SIB's or they can be a result of typical events, many individuals with autism have a very high tolerance for pain. They may lack an understanding of cause and effect, which can lead to reoccurrences dangerous behaviors.

What you may see in home settings and some possible reasons why.

- ❖ Individuals with autism may break glass in order to hear the sound or when agitated. Lexan and Plexiglass products are used to protect individuals but also, make a first responder's job more difficult.
- ❖ Some families use bars, indoor shutters, or other window protection.
- ❖ Windows nailed or screwed shut to prevent elopement.
- ❖ Toys and food in plastic containers, out of reach of children is common. This is to teach communication skills

Only a mattress on the floor instead of a bed

- ❖ The individual may present behaviors that are dangerous if certain furniture is accessible. Climbing dressers or bed frame, pulling over furniture on themselves, throwing furniture when agitated.
- ❖ Individuals with autism may wedge his/her head between a wall and furniture for the sensation of deep pressure, which is a sensory need. They then may be unable to remove themselves from these situations so families remove the furniture to protect the individual.
- ❖ The individual may engage in "Pica" the act of eating nonfood items, pillows, papers, posters; curtains may be removed to keep them from being eaten.

There may be beds without any blankets, sheets, and pillows. No decorations, pictures, curtains...

- ❖ Some families teach bed making and stripping skills by doing it each night and morning. It may take years for this skill to be mastered.
- ❖ Some individuals with autism suffer from incontinence frequently. Beds may need stripped daily.
- ❖ Feces smearing is common and often occurs many times during the day and night.

- ❖ Ripping of bedding may be an issue so beds are left stripped on during non-sleeping hours.
- ❖ Pica can also take the form of eating the tacks and tape needed to put up decorations. So, for safety reasons families leave walls bare.
- ❖ There also may not be any soap, shampoo, deodorant or personal care items in view or kept in locked cabinets to protect the individual.

Locks on refrigerators or cabinets

- ❖ Locks on bathroom cabinets, to keep individuals from eating medications, cleaning supplies, labels off food. .
- ❖ Food is often in locked cabinets or refrigerators to keep the individual from pouring rice, beans, cereals, juices, milk.... which is often done in an effort to meet a sensory need.

Locks on interior doors and windows, bars on windows

- ❖ Some families find it necessary to put locks on interior doors.
- ❖ Toys may be kept in plastic containers out of reach or plastic bags. This is done to increase a child's need to communicate in order to get a preferred item.
- ❖ Locks may be placed on windows to prevent the individual from throwing objects out windows to climbing out on to roofs or leaving the house undetected.

Locks on gates in yards,

- ❖ Families need to do this to keep individuals safely at home and yet allow the individual some recreational time.

These signs and features may occur in an individual with autism or around their home. It would be prudent to meet with a case manager or school official who is very familiar with autism AND the specific family to be sure that there isn't legitimate safety reason for what has been observed. It is a tragedy for a family who is doing a good job in an exceptionally difficult situation to also have to defend it in court. It is very difficult for these children to be removed from their home environment because routine and sameness give them a sense of security. It truly is a tragedy if that happens because of a lack of education about autism.

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Law Enforcement and Autism: a 101 course for Parents

- **Police Officers are in the business of helping people.**

The majority of them went into this field because they wanted to make a difference and help others. When the civilians and Police Officers work together they can solve problems and make their communities better for everyone.

- **Get to know your local Police Officers.**

Call and ask them to stop by when they have time to get to know your family and your child. They will be happy to do that. Getting to know who is in their community is important part of a police officers job. Introduce yourself and your child to them at local public events. Work with your school and police department to start the “Utilizing Police in the Schools” Program that can be found at www.papremisealert.com It is free and easy to start. It is the most effective, least expensive training program you will ever see.

- **Teach your children that Police Officers can help them.**

Individuals with autism are very concrete thinkers. They are going to need to know that if they are ever in trouble to go to a person in uniform and ask for help. Do not threaten your child with arrest or jail if they don't do their homework, refuse to clean their room or decide not to go to school. Those are issues to work through with your IEP team or Behavior Specialist. The police are the people they are going to need to feel safe approaching when they are in the community.

- **Teach your child to provide identifying information to Officers**

Start teaching your children to give their name, address and phone number as soon as they are able. If they are nonverbal, teach them to show an ID card or American Sign Language. Even if the Officer cannot Sign, he/she will understand that there is a special need.

- **Teach your child how to safely approach a Police Officer.**

When a child is young, say up to 6 years of age, a police officer will easily be able to recognize the excitement of a child around his/her uniform or car but as the child ages the behaviors will appear to be menacing. It is important to teach children to walk up to an officer, not run at them. Also teach them to keep their hands out of their pockets and not reach for the officer's badge, gun, or flashlight.

- **Provide information before a crisis.** Check out this website www.papremisealert.com Download a form, fill it out, and take it to your local Police Department. You can print out directions for Police Departments as well and ask them to help you out.

- **Always disclose your condition to an Officer.**

You and your child should disclose the diagnosis as soon as possible. Teach your child to carry an ID card or Medic-Alert Bracelet so that in the event of a crisis and the child or adult is unable to speak or give his or her information the police will be able to know that there is a diagnosis to be considered.

- **Families of children with disabilities are not immune from being abusers**

If an Officer or hospital worker takes time to investigate the possibility that your child has been abused due to bruises or scars from self-injurious behaviors, try not to be offended. They are working to protect your child. They don't know you or your family they have to go off of what they are seeing. It is good that they care enough to look twice. Provide a copy Autism 101 for Mandated Reporters to your local police, it can be found on our website.

- **When you call the Police, they will come**

I know that sounds pretty basic but realize that when you call the police they will come and do what they need to do to contain the situation. Parents need to understand what that means. When the Police have trouble they have no one to call, except for more police. Most times and most interactions end well with the situation being resolved without physical contact or further action, but your child may be arrested, may be handcuffed or tasered if necessary. Your child may be subject to an involuntary psychiatric commitment that will last no less than 3 days.

- **Learn the number for your County Crisis Intervention Team.**

They work under the department of Mental Health and they are a resource that may be helpful to you and your child in the event of a behavioral or mental health crisis. Work to make sure they have the training and expertise to help during a crisis. Call your local Department of Mental Health to get the phone number, add it to your cell phone director and emergency numbers for care providers. In Pennsylvania check our website to find the number for every counties Crisis Intervention Hot Line.

- **Police Officers are not doctors, psychologists, or Behavior Specialists.**

We are truly fortunate in Pennsylvania that by the end of 2008 every police officer in the state will have received autism training. That does not mean they can diagnose, recognize it on the street, or use perfect de-escalation techniques. Their training will give them a thumbnail sketch of the disability and some suggestions to improve interactions. An Officers job is far more complicated and involved than dealing only with individuals with autism. The training is to provide some insight and techniques that should improve understanding and interactions. For more information on the autism specific training contact Dennis Debbaudt at www.autismriskmanagement.com

- **Autism and other disabilities can NOT be a” get out of jail free card”.**

People with autism and other disabilities can form intent and commit crimes; many cannot and so need to be treated in a different manner. If someone who cannot form intent repeatedly causes harm or damage in the community it may be in their best interest for them to be placed in a setting that will allow them appropriate freedoms and supervision to remain safe and keep the public safe as well. It is critically important to access all available resources for assistance such as a county or state agency that provides support services, community advocacy groups and support groups to find information on how to best protect your child or adult child.

PREMISE ALERT REQUEST FORM
PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name _____

Date of Birth _____

Address: _____

County: _____ Township/Borough/Municipality: _____

Individual's Current Physical Description:

Male Female

Height: _____ Weight: _____

***Attach recent
photo here***

Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

Relevant Medical Conditions:

Blind Deaf Non-Verbal Physical Disability Developmental Disability

Mental Retardation Autism Mental Health Challenges Diabetes

Prone to Seizures Alzheimer's Disease Dementia Acquired Brain Injury

Other Relevant Medical Conditions, area for further explanation:

HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR PURPOSES OF THIS FORM AND THE PREMISE ALERT SYSTEM AND PROGRAM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUALS HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE. * The name of the individual described on this form may be left off for reasons of privacy or confidentiality. However, in situations involving group homes, foster-care homes, or supportive living arrangements, one may simply enter the first name of the Individual to protect confidentiality. (That will not affect the acceptance or further processing of the information on this form.)

Prescription Medications needed:

Sensory or dietary issues, if any:

Additional information First Responders may need:

Does the Individual live alone? _____

Is he/she likely to wander off? _____

Location of bedroom or likely place to find them in the household/residence at night:

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact's Address:

County: _____ **Township/Borough/Municipality:** _____

Emergency Contact's Phone Numbers:

Home: _____ **Work:** _____

Cell Phone: _____ **Pager:** _____

TTD/TTY: _____

Name of Alternative Emergency Contact: _____

Home: _____ **Work:** _____

Cell Phone: _____ **Pager:** _____

TTD/TTY: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

Individual's favorite toys, objects, discussion topics, likes, or dislikes:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):



**IMPORTANT: Please review the following before completing, signing, and/or submitting this
Premise Alert Form**

If you choose to respond, the information may be submitted and added to the local, city, county, or state police dispatch systems for Emergency Operations.

Responding to this form is voluntary. This form may be filled out by the individual living with the specified health challenge or disability, their parent/guardian (in the case of a minor), assigned caregiver, or recognized representative. If an individual or their representative chooses to use this form, they must provide their signature on the last page. (The signature of the person completing this form is required to process the information contained on the form.) In addition, this information may be removed from files periodically. Therefore, it is recommended that individuals or their representatives update and submit this form every year to ensure that files are kept updated and accurate.

Please be aware: The information provided on this form may assist police, fire, or emergency response personnel, when they are responding to an emergency or other call from your home, for purposes of identifying and/or assisting you or another Individual in your household who is living with a disability or health challenge.

Required Acknowledgment and Signature/s of Individual/s Completing and Submitting this Premise Alert Form:

By completing the Premise Alert Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire, and Emergency Response Departments in more effectively responding to a potential emergency in or near my household. I, therefore, authorize the use of this information for those purposes and to the maximum extent that I am empowered to do so, waive any claim in law and/or equity against any of the above mentioned responder(s) which I, or _____ (the individual's name), or any of our representatives, descendents, or successors, might otherwise have arising from or related to the use or existence of the information provided herein. I understand that providing this information on the Premise Alert Form does not entitle me or anyone in my household, including _____ (the individual's name), to preferential treatment, including a more timely response by emergency response personnel. I also understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on the Premise Alert Form is considered, it may be considered along with all other relevant sources of information, and subject to proper police and emergency response procedures, when police, fire department or other emergency response personnel are responding to the residence of the individual for whom this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing services to residents or occupants of my home, in or near my household.

I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief. I acknowledge that written false statements made herein are punishable pursuant to Title 18 Pa.C.S. §4904(b) as a misdemeanor of the third degree. _____

If you need assistance with this form due to a language barrier contact SPEAK Unlimited Inc at srz@dol.net or P.O. Box 98, Landenberg PA 19350

Name/ Relationship

Date

Name/ Relationship

Date

OFFICIAL USE ONLY

Purge Date _____

Police Intake Signature/Date _____

Dispatch Intake Signature/Date _____

This form is compatible with all Pennsylvania Emergency Dispatch Systems.

3/08

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Critical Medical Information

Print on heavy paper. Fill out the information on the reverse side. Cut out these three columns. Fold one strip in thirds so that the heading “Critical Medical information” shows at the top. Put that one into a clip-on ID badge holder and attach to a car seat or seatbelt. Put one copy in the glove box and one over the visor. This will allow first responders to give appropriate care if the parent or caregiver is unable to respond in an emergency situation. Enclose or Attach photo of individual if possible

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Name:

Address:

Birth date:

Diagnosis:

Medications:

Allergies:

Preferred hospital:

Calming techniques:

Contact Person & phone number:

Doctor's name & phone number:

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