

# PORTAGE



TOWNSHIP  
BRENDAN CLANCY - TRUSTEE

---

## Portage Township Autism Action Coalition Emergency Identification Autism Bracelet Program

### Registration Form

Provided by Portage Township Trustee Brendan Clancy in partnership with the Porter County Sheriff's Department, Portage Police Department, Ogden Dunes Police Department, Portage Fire Department, South Haven Fire Department, Ogden Dunes Fire Department, Portage Township Schools, and Porter County Central Communications.

DATE OF REGISTRATION: \_\_\_\_\_

#### INDIVIDUAL INFORMATION

NAME: \_\_\_\_\_

PARENTS/CAREGIVERS NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATE TELEPHONE NUMBER: \_\_\_\_\_

#### PHYSICAL DESCRIPTION

GENDER: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCARS OR OTHER IDENTIFYING MARKS? \_\_\_\_\_

#### BEHAVIOR TRAITS

VERBAL? YES \_\_\_\_\_ NO \_\_\_\_\_

FIGHT/FLIGHT RISK? YES \_\_\_\_\_ NO \_\_\_\_\_

RESPONDS TO NAME? YES \_\_\_\_\_ NO \_\_\_\_\_

EYE CONTACT? YES \_\_\_\_\_ NO \_\_\_\_\_

IMPARED SENSE OF DANGER? YES \_\_\_\_\_ NO \_\_\_\_\_

RESPONDS TO VERBAL COMMANDS? YES \_\_\_\_\_ NO \_\_\_\_\_



**RESPONSE TO PERSON IN UNIFORM?**

---

---

**SENSORY ISSUES?**

---

---

**LIKES?**

---

---

**DISLIKES?**

---

---

**BRACELET NUMBER** \_\_\_\_\_

As the parent(s)/guardian(s) of the Child named above, I/we consent to the release of the information contained herein to the Portage Township Trustee's Office, Portage Township Schools and first responder personnel, including but not limited to the Porter County Sheriff's Department, Portage Police Department, Ogden Dunes Police Department, Portage Fire Department, South Haven Fire Department, Ogden Dunes Fire Department, and Porter County Central Communications (911 Dispatch). I/we also agree to hold harmless and release all liability from the Portage Township, Porter County along with its employees, agents, and representatives from any and all damages, claims, injuries or other actions resulting from the Child's participation in the Emergency Identification Autism Bracelet Program.

\_\_\_\_\_  
**PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**