

**Emergency Services Registration
Police – Fire Dept – Post 53 (EMS) – Page 2**

The information on this form is for emergency services only.
It will be added to the 911 system. Include information that emergency workers
might need if you were unavailable to direct your child's care.

Child's Name _____ D.O.B. _____

Sibling's names	Birth dates	Medical / emotional needs	Siblings role in helping child in an emergency

My child's diagnosis is:

Unusual behaviors typically shown by my child under normal circumstances, that an emergency worker might misunderstand, include:

When stressed, my child typically exhibits the following behaviors.

Additional strategies or comforting objects that often help to calm my child or enlist his/her cooperation.

My child has favorite hiding places in the house, outside the house or offsite.

floor plan attached

Parent/Guardian signature

Parent/Guardian printed name

Date