



**Concord Police Department
Concord Public Schools
Concord Carlisle Regional School District**



First Responder's Student Information Sheet

(Please Print Clearly)

Student Name: _____ Age/DOB: _____ Grade: _____

Home Address: _____ Student Cell: _____

Parent/Guardian 1 address, if different from student:

Parent/Guardian 2 address, if different from student:

Parent/Guardian 1 Telephone #: Home: _____ Cell: _____

Parent/Guardian 2 Telephone #: Home: _____ Cell: _____

Emergency Contact name and contact #s: _____

Student's disability/diagnosis: _____

Student attends (name of school): _____

Student is VERBAL: Yes ☐ No ☐ Student is: Deaf ☐ Hard of Hearing ☐

Allergies: Yes ☐ No ☐ if yes, please explain: _____

Medications (optional): _____

Student has the following behaviors (please describe): _____

Student is afraid/anxious around new people: Yes ☐ No ☐ if yes, please explain: _____

Student's reaction to unfamiliar people (please describe): _____

Student is afraid of animals: Yes ☐ No ☐ if yes, please explain: _____

Student may react to loud noises (i.e. sirens): Yes ☐ No ☐ if yes, please explain: _____

Student is capable of being home without an adult: Yes ☐ No ☐

Student is able to be in the community independently: Yes ☐ No ☐

Weapons/firearms in the home? Yes ☐ No ☐

Due to the student's disability, he/she may:

(Check all that apply)

- ☐ Panic if yelled at and lash out if touched or physically restrained
- ☐ Misinterpret things you tell me or ask me to do
- ☐ Not be able to answer your questions
- ☐ Appear not to be listening or paying attention
- ☐ Tend to interpret statements literally
- ☐ Appear rude or say things that sound tactless, especially when anxious or confused
- ☐ Have difficulty making eye contact
- ☐ Speak too loud, too soft, or with unusual intonation

OTHER: _____

Strategies that might help:

(Check all that apply)

- ☐ Clearly identify yourself as a law enforcement officer/first responder
- ☐ Call one of my emergency contacts

- OTHER: (i.e. favorite places to visit, toys, likes, etc.)

Use School Photo/ID: Yes ☐ No ☐

Note: Forms may be emailed or dropped off directly at the Concord Police Department.

Submitted by: _____ Title: _____
(Print name)

Signature: _____ Date: _____

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