



C.I.R.C.L.E.
Combined Indian River County
Law Enforcement

Special Needs Registry

Contact Information:

Person with Special Needs:

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Race: _____

Hair Color: _____

Eye Color: _____

Photograph Taken: _____ Yes _____ No

Scars/Birthmarks/Tattoos:



Special Needs Registry

Residence Information

Home Address: _____

City: _____ Zip Code _____

Parent or Guardian Information

First Parent or Guardian

Name: _____

Primary Phone: _____ Secondary Phone _____

Place of Employment: _____

Second Parent or Guardian

Name: _____

Primary Phone: _____ Secondary Phone _____

Place of Employment: _____

Disability/ Special Need

Primary Diagnosis: _____

Co-Existing Diagnosis: _____



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Notes:



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Please list any characteristics that are associated with this person: (Examples are sensory issues, certain behaviors, physical aggression, past dealings with first responders, calming strategies that work, nick names, etc.)

How does your family member/special needs registrant communicate? (words, pictures, device, etc.)



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Emergency Contact Information

First Emergency Contact

Name: _____

Address: _____

Phone: _____

Phone: _____

Second Emergency Contact

Name: _____

Address: _____

Phone: _____

Phone: _____



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Please read and Initial:

I am the lawful and legal parent and/or guardian of the person with special needs listed in this safety roster: _____ Relationship _____

I understand the information provided is for first responders to have all the necessary information to better handle a situation and that information may be subject to public records laws,- F.S.S. Ch. 119- ***however, special needs are protected under HIPPA laws and will be redacted when necessary*** _

RELEASE OF INFORMATION

I, hereby give my permission for the Vero Beach Police Department, Indian River County Sheriff, Sebastian Police Department, Fellsmere Police Department, Indian River Shores Public Safety Department to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

Signature: _____

Date: _____



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RELEASE OF PHOTOGRAPH

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