



City of Kawartha Lakes Autism Registry Registration Form



New Form or Renewal:

☐ New Form ☐ Renewal

Surname (Family name of child or adult with autism): _____

Given Name(s) (Child or adult with autism): _____

Gender: ☐ Male ☐ Female

Date of Birth: _____ (dd/mm/yy)

Nickname (Or any name that is most likely to be responded to): _____

Address: _____
Street City Province Postal Code

Home Phone: _____ Business Phone: _____

Address #2: _____
Street City Province Postal Code

Employer/School: _____

Employer/School Telephone: _____

Description:

Language: _____ Height: _____ Weight (lbs): _____

Complexion:

☐ Albino ☐ Dark ☐ Light/fair ☐ Medium ☐ Ruddy ☐ Sallow

Build:

☐ Athletic ☐ Heavy ☐ Medium ☐ Muscular ☐ Obese ☐ Thin

Hair Colour:

☐ Auburn ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red
☐ Light Brown ☐ White ☐ Other: _____

Hair Style:

☐ Afro ☐ Bushy ☐ Curly ☐ Straight ☐ Unkempt ☐ Wavy
☐ Other: _____

Hair Length:

☐ Brush cut ☐ Long ☐ Medium ☐ Mixed ☐ Shaved ☐ Short
☐ Bald ☐ Receding ☐ Other: _____

Facial Hair:

☐ Full ☐ Goatee ☐ None ☐ Scraggly ☐ Unshaven
☐ Other: _____

Facial Hair Colour:

☐ Auburn ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red
☐ Light Brown ☐ White ☐ Other: _____

Eye Colour:

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel
☐ Hazel ☐ Red (Albino) ☐ Other: _____

Lens Type:

☐ Coloured contacts ☐ Contacts ☐ Glasses ☐ Monocle ☐ Sunglasses
☐ Other: _____

Photo of applicant available: Yes ____; attached ____ No ____

Marks/Scars/Tattoos: Yes ____ No ____

Body Location: _____

Description of marks/scars/tattoos: _____

Method of Communication:

Verbal _____ Non-verbal _____ Other (please describe) _____

Identification Worn: _____

Inclination for wandering or characteristics that may attract: _____

Favourite attractions and locations where person might be found: _____

Best method of approach (include approach and de-escalation techniques): _____

Life threatening medical concerns: _____

Any other relevant information: _____

Information should include: favourite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for de-escalation and/or cooperation (i.e.: likes to hold pens)

Information should also include what NOT to do: _____

(i.e.: physical and/or direct eye contact, lights, loud noises, etc.)

Contact Information:

Emergency Contact:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ (dd/mmm/yy)

Relationship: ☐ Parent ☐ Legal Guardian ☐ Next of Kin ☐ Decision Maker

Telephone: _____ Telephone #2: _____

Work: _____

Address: _____
Street City Province Postal Code

Secondary Contact:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ (dd/mmm/yy)

Relationship: ☐ Parent ☐ Legal Guardian ☐ Next of Kin ☐ Decision Maker

Telephone: _____ Telephone #2: _____

Work: _____

Address: _____
Street City Province Postal Code

Declaration:

In this form, the City of Kawartha Lakes detachment of the Ontario Provincial Police (OPP) and the City of Kawartha Lakes Police Service (CKLPS) will collect personal information that can identify you or someone else such as a family member or person legally responsible for a person with autism spectrum disorder (ASD). Such identifying information may include name, date of birth, address and other similar personal information. Our authority for collecting personal information is under Section 29(1) (g) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and section 39(1) (g) of the Freedom of Information and Protection of Privacy Act (FOIPPA).

CKL OPP and CKLPS intend to use the personal information in this form in responding to calls for service and/or assistance where such information may assist in locating or assisting someone listed on the registry. From time to time, we may review the personal information in the registry to improve our services. This information may be accessed by other law enforcement agencies for a consistent purpose. It is acknowledged by all parties that it is the responsibility of the family or guardian of the person with ASD to ensure that the information collected is current and valid and that the CKL OPP and CKLPS are notified in writing of any significant changes. The retention, as well as any other use or disclosure, of the personal information will be in accordance with statutory requirements (e.g., under the MFIPPA or FIPPA). For additional information please contact:

Community Service Officer for the CKL OPP
21 Angeline Street
Lindsay, ON
705-324-6741

Administrative Sergeant for the CKLPS
6 Victoria Avenue
Lindsay, ON
705-324-5252

Name: _____

Date of Birth: _____ (dd/mmm/yy)

Relationship: ☐ Parent

☐ Legal Guardian

☐ Next of Kin

☐ Decision Maker

Telephone: _____

E-mail: _____

Address: _____
Street City Province Postal Code

Signature: _____ Date: _____