



**Boston Police Department
North Star Personal Alert
Information**

The North Star Personal Alert Program is a voluntary program for parents, guardians or caretakers of children and individuals that may have a tendency to wander or are a flight risk from a specific location (home, school, nursing home etc.). The program is designed to help individuals that may have a difficult time communicating with First Responders and, in some cases, do not understand the potential danger he/she may be in. This Program is geared towards, but not limited to, children/individuals with Autism/Autistic Spectrum Disorders and individuals with Alzheimer's disease.

The information provided by the parents, legal guardians or caretakers will be used by the Boston Police Department and other emergency services in Boston and the surrounding areas as necessary to ensure the welfare of the child/individual at hand. Through the Boston Police Department Operations Dispatch System the information you provide will be available to Police Dispatchers and Police Officers throughout the City of Boston. The Program, through the use of the photo and information provided, will assist First Responders in identifying the child/individual in need, who in some cases would not be capable of communicating with First Responders, and making sure the child/individual receives the necessary assistance.

When deemed appropriate, the BPD will issue an informational bulletin that may include a photograph and relevant biographical, descriptive and certain individualized information about the missing person. This bulletin may be distributed to both Law Enforcement and private sector security partners in an effort to locate the person.

The Personal Alert can be used two ways:

1. If a child/ individual wanders or runs from a location, first and foremost a call should be placed to 911 stating the nature of the emergency and that the child/individual is enrolled in the North Star Personal Alert Program and has wandered or ran from a location.
2. A Police Officer may observe a child/individual that they perceive to be in need of assistance or at risk and is incapable of communicating; officers can query the system by name or physical description through the Operations Division narrowing it down to the child/individual that they perceive to be at risk or in need of assistance.

Personal Alert Form

Registration # _____

Date Submitted: _____

Individual Specific Information

Last Name	First Name	Middle Initial
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Date of Birth: _____ = Age _____
Month/ Date/Year

Home Address: _____

Alternate Address #1 School child attends/individual's location if different from home address:

Alternate address #2 _____

Child/Individual's Current Physical Description:

_____ Male	_____ Female
_____ Height	_____ Weight
_____ Eye Color	_____ Hair Color
_____ Race/Ethnicity	

Scars or other Identifying marks:

Relevant Medical Conditions:

___ Autism/ Autistic Spectrum Disorder, PDD

___ Developmental Disability

___ * Other (Please explain) _____

Is Child/ Individual Verbal: _____

Does Child/Individual use PECS (Picture Exchange Communication System): _____

How does Child/Individual communicate: (sign language/written words)

Primary language spoken at home: _____

Receptive language: _____

Comprehension: _____

Does Child/Individual carry identification if so where: _____

Does Child/Individual have an accurate sense of danger: _____

Does Child/Individual have any sensory needs: _____

Does the Child/Individual have any dietary needs and or food allergies: _____

Additional Information First Responders may need: _____

Child/Individual a frequent wander/flight risk: _____

If so will he or she hide from first responders _____

Specific Locations/Attractions that the child/individual might be found:
(From either home, school or attracted to water source, likes to ride the T etc.)

Atypical behaviors or characteristics that may attract the attention of responders:

Calming Measures

Individuals favorite toys, object, likes dislikes any suggestions to help calm or reassure individual or child responders are there to help:

Emergency Contact Information

Primary Contact

Name: _____
Parents/Legal Guardians/caretaker(s)

Email address: _____

Contact Address: _____

Contact's Phone Numbers: _____ (Home)

_____ (Mobile)

_____ (Work)

Secondary Contact Person and relationship to the child

Name: _____

Contact Address: _____

Contact's Phone Numbers: _____ (Home)
_____ (Mobile)
_____ (Work)

Respite/Community Contact

Name:
Phone Number:

Physician Contact

My signature below constitutes an affirmation under oath that I am legally responsible for the person named above for whom I have provided information and that all of the information is accurate to the best of my knowledge. I am consenting to have this information shared for law enforcement purposes, including enrollment in North Star Personal Alert Program. I understand that this information is being provided voluntarily to the Boston Police Department and that the Department, its officers, agents, and employees shall be indemnified against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses in the event of an incident involving the child/individual described above. Finally, by signing below, I acknowledge that I have read and understand the terms of the Program, as detailed above.

Parent/Legal Guardian/Caretaker: _____
Print Full Name

Signature

Relationship to child/individual

Date

Boston Police Department
Witness: _____
Print Full Name

Signature

Rank and Assignment

Date