



Side Kicks Program
Working Together for a Safer Tyler



REGISTRATION

(PLEASE PRINT LEGIBLY)

The Side Kicks program promotes positive interaction between the Tyler Police Department and individuals with Autism (or related conditions). Program registration identifies the unique needs of each person during an encounter with a first responder

DESCRIPTION OF PERSON WITH AUTISM OR RELATED CONDITION:

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____
 DOB: _____ SEX (M/F): _____ HEIGHT: _____ FT WEIGHT: _____ (LBS)
 EYE COLOR: _____ HAIR COLOR: _____ UNIQUE IDENTIFIER: _____

- ____ WHITE
- ____ BLACK OR AFRICAN AMERICAN
- ____ AMERICAN INDIAN OR ALASKA NATIVE
- ____ ASIAN
- ____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ____ OTHER
- ____ PREFER NOT TO ANSWER

ADDRESS OF PERSON WITH AUTISM OR RELATED CONDITION:

HOME ADDRESS: _____

Vehicles: Plate: _____ Color: _____ Make: _____ Model: _____

Plate: _____ Color: _____ Make: _____ Model: _____

Please email a current photo to: jhburge@tylertexas.com

Diagnoses or suspected diagnoses _____

This allows the document to be protected under HIPAA and not subject to Open Records.

ALERT: IF CONTACT WITH A First Responder –

What would trigger a positive reaction or individual’s interest? (Comics, video games, music, trains)

What would trigger a negative reaction or individual's dislikes? (loud noises, bright lights, crowds)

If the individual was to wander and become missing where might they go?

Anything else you wish to share? (places they enjoy, stemming, calming techniques)

EMERGENCY CONTACT NAME: _____ Tel: _____

2nd EMERGENCY CONTACT NAME: _____ Tel: _____

FAMILY MEMBER OR LEGAL GUARDIAN:

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

SIGNATURE OF FAMILY MEMBER OR LEGAL GUARDIAN:

PRINTED NAME OF FAMILY MEMBER OR LEGAL GUARDIAN:

Under no circumstances will the Tyler Police Department have liability for any loss or damage of any kind incurred as a result of the use of the information provided.

I understand that my authorization will be effective from the date of my signature, but may be canceled at a future date, upon request. The information contained herein will be held confidential.

PLEASE RETURN COMPLETED FORM TO:

North Station:

Tyler Police Department, 711 West Ferguson Tyler, TX 75701

South Station

574 West Cumberland Road Tyler, TX 75703

For questions, please call 903-531-1042, or email jhburge@tylertexas.com