



EVESHAM POLICE DEPARTMENT AUTISM AND DISABILITIES ID/ IDD ELOPEMENT ALERT FORM

Autism and Disabilities ID/ IDD Elopement Alert Form: Person-Specific Information for First Responders

Individual's Name _____
(First) (M.I) (Last)

Preferred Name _____ Nickname(s) _____

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____ Does the Individual live alone? _____

Cell Phone Number _____ Cellular Carrier _____

Physical Description:

Gender _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

Scars or other identifying marks:



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**Relevant Medical Conditions, in addition to Autism or other Disabilities
(check all that apply)**

Condition	Yes	No
Blind		
No Sense of Danger		
Deaf		
Non-verbal		
Intellectual Disorder		
Developmental Disorder		
Prone to Seizures		
Cognitive Impairment		
Other		

If other, please explain:

Prescription Medications needed:



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Mental Health History:

Sensory Issues:

Dietary Issues, if any:

Any Additional Information for First Responders:



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Emergency Contact Information:

1. Name (please include title, such as Parent/ Guardian, Head of Household, Care Taker):

Address of Emergency Contact:

(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____

Cell Phone: _____

2. Name of Alternative Emergency Contact:

Address of Emergency Contact:

(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____

Cell Phone: _____



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Information Specific to the Individual:

Favorite Attractions/ Locations where they may be found at:

Atypical behaviors or characteristics that may attract the attention of First Responders:

Favorite Hiding Spots:

Method of Preferred Communication (sign language, picture boards, written words, etc):



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Identification Information (jewelry, tags, ID cards, medical alert alarms, stuffed animals, etc):

Triggers:

Things that Calm the individual:

Names and Address of friends or acquaintances that the individual may seek:



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Any Additional Information:

I, _____, give my full permission to the Evesham Township Police Department to retain this information, to be kept on file and placed in dispatch records for the purpose of identification and assistance procedures relative to Autistic or Disabled Child Identification efforts and related activities.

(Signature)

(Date)