



Evesham Township Police AUTISM ID / IDD ELOPEMENT ALERT FORM PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individuals Name _____
(First) (M.I.) (Last)

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

Date of Birth _____ Age _____ Preferred Name _____

Nicknames: _____

Does the Individual live alone? _____

Cell Phone Number: _____

Cellular Carrier: _____

Individual's Physical Description:

Male ___ Female ___ Height: ___ Weight: ___ Eye color: ___ Hair color: ___

Scars or other identifying marks

Other Relevant Medical Conditions in addition to Autism (check all that apply):

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

If Other, Please explain:

Prescription Medications needed:

Mental History:

Sensory or dietary issues, if any:

Additional Information First Responders may need:

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact's Address:

(Street)

(City)

(State)

(Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternative Emergency Contact:

Home: _____ Work: _____ Cell Phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

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

Favorite Hiding Spots:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to:

Identification Information (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

Things that may cause triggers:

Things that may calm the individual:

Names and addresses of friends or accountants that the individual may seek:

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 the assistance relative to Autistic Child Identification efforts and related activities.

Signature

Date