



WASHINGTON TOWNSHIP POLICE DEPARTMENT



JEFFREY ALMER
CHIEF

1 EAST SPRINGTOWN RD.
LONG VALLEY, NEW JERSEY 07853

908-876-3232
FAX 908-876-5655

Autism Emergency Information Form

Name of child or adult with autism: _____ Nickname if any: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or identifying marks: _____

Medical conditions: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Method of communication, if non verbal: sign language, picture boards, written word, etc: _____

Identification worn: Jewelry/Medical Alert, clothing tags, ID card, tracking monitor, etc: _____

Current prescriptions (include dosage): _____

Sensory, medical, or dietary issues and requirements, if any: _____

Inclination for wandering behaviors or characteristics that may attract attention: _____

Favorite attractions and location where person may be found if missing: _____

Likes and dislikes (include approach and de-escalation techniques): _____

Medical Providers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parents/Caregiver name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Other contact information : _____

Return completed form to Washington Township Police Department Attn: Sgt. Michael Hade Fax 908.876.5655 or email to mhade@wtpdmorris.org