



FRANKLIN BOROUGH POLICE DEPARTMENT AUTISM EMERGENCY INFORMATION FORM

1. Name of child or adult with autism: _____ 2. Nickname (if any): _____

3. Date of Birth: _____ 4. Scars or identifying marks: _____

5. Height: _____ 6. Weight: _____ 7. Eye Color: _____ 8. Hair Color: _____

9. Medical conditions: _____

10. Address: _____ 11. City: _____ 12. State: _____ 13. Zip: _____

14. Cell Phone: _____ 15. Work Phone: _____

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

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

18. Current prescriptions (including dosage): _____

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

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

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

22. Likes and dislikes (including approach and de-escalation techniques: _____

MEDICAL PROVIDERS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parents/Caregiver Name: _____ Phone: _____

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

Other contact information: _____

Return completed form to the Franklin Borough Police Department; **Attention Capt. Seamus Geddis**
Fax: (973) 827-1486 | Email: sgeddis@franklinpd.org