



Wall Township Police Department

Phone: 732-449-4500 ~ Fax.732-449-1273

www.wallpolice.org



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 nonverbal: 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 requirement, 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: _____ Home phone: _____

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

Other contact information: _____



Fax back to Wall Township Police Department, Attn: Sergeant Michael Tozer 732-449-1273

P.O. Box 1168 / 2700 Allaire Rd ~ Wall Township NJ 07719

