

HILLSBOROUGH TOWNSHIP POLICE DEPARTMENT
Autism 911 Alert Form

Name of Individual with Autism:			
Nickname(s) if any:			
Height:	Weight:	Hair Color:	Eye Color:
Address:			
Scars or Identifying Marks:			
Medical Conditions:			
Method of Communication (Vocal, Sign Language, Pictures, Written, etc.):			
Identification Worn (Medical Alert, ID Card, Clothing Tags, etc.):			
Triggers or Aversions Including Sensory, Medical or Dietary Issues:			
Inclination for Wandering Behaviors and/or Atypical Characteristics/Behaviors That May Attract Attention of First Responders:			
Favorite Attractions or Location Where Person May Be Found If Missing:			
Likes and Dislikes such as Toys or Conversation Topics (include known de-escalation):			
Other Important Information:			

HILLSBOROUGH TOWNSHIP POLICE DEPARTMENT

Autism 911 Alert Form

Other Relevant Conditions in Addition to Autism (Check All That Apply):			
<input type="checkbox"/> No Sense of Danger	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Attracted to Water	<input type="checkbox"/> Self-Injurious
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Prone to Seizures	<input type="checkbox"/> Aggressive Behavior Under Stress	
<input type="checkbox"/> Other (please explain):			

Family Contact Information

Father:	Cell:	Work:
Address:		
Mother:	Cell:	Work:
Address:		
Guardian:	Cell:	Work:
Address:		
Other:	Cell:	Work:
Address:		

Medical Care Provider:

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	