



**South Lebanon Township Police Department
Autism/Special Needs
Emergency Contact Form**



Date: _____

Name of Child/Adult

Nickname (if any)

Date of Birth

Height

Weight

Eye Color

Hair Color

Medical Conditions (use back of sheet if necessary)

Scars or Identifying Marks

Address

Home/Cell Phone

Method of Communication, if non-verbal: Sign language, picture boards, written word, etc.

Identification Worn & Location: (ex. Medical Alert/Jewelry, clothing tags, ID card, tracking monitor, etc.)

Current Prescriptions: (include dosage)

Sensory/Medical/Dietary issues & requirements, if any:

Inclination for elopement/wandering behaviors or characteristics that may attract attention:

Favorite attractions or locations where person may be found if missing:

Likes/Dislikes: (Include approach & de-escalation techniques)

Medical Care/TSS/Therapist Providers:

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

Other Contact Info: _____

Parent/Caregiver Info:

Name: _____

Address: _____

Cell Phone: _____

Home/Other Phone: _____