



# Fall River Police Dept. Autism & Special Needs Emergency Information Form

**Place Photo  
Here or Attach**

Remember to use a high resolution photo, head to shoulders photo of your child / dependent and update every 6 months.

Name of Child/Adult with Autism/Special Needs

Nickname (if any)

Date of Birth

Height

Weight

Eye Color

Hair Color

Medical Conditions

Scars or Identifying Marks

Address

City, State, Zip

Home Phone

Other Phone

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

Identification Worn: (ex. Jewelry/Medic Alert®, clothing tags, ID card, tracking monitor, etc.)

Current Prescriptions (include dosage):

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

Inclination for wandering behaviors or characteristics that may attract attention:

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

Likes/Dislikes (Include approach and de-escalation techniques)\*\*\*:

Parent / Guardian Signature:

By signing above, I am authorizing the Fall River Police Department to store and enter, within their database, any and all identifying information provided on this form about my dependent for the purposes of safety, identification, and medical treatment.

**Medical Care Providers**

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

**Parent/Caregiver Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Other Phone: \_\_\_\_\_

Other Contact Info: \_\_\_\_\_

**Emergency Contact Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Other Phone: \_\_\_\_\_