



HOBOKEN POLICE DEPARTMENT
Autism Emergency Contact Form

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Name of autistic child or adult:

Nickname if any: Date of birth: Height:

Weight: Eye color: Hair color:

Scars or identifying marks:

Medical conditions:

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, or dietary issues and
requirements, if any:

Inclination for wandering behaviors or
characteristics that may attract attention:

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

Likes and dislikes (include approach and
de-escalation techniques):

Attach or turn in map and address guide to nearby properties with water sources and dangerous locations highlighted.

Attach or turn in blueprint or drawing of home, with bedrooms of individual highlighted.

Daycare/School attending : Phone Number :

Medical Care Providers:

Name : <input type="text"/>	Phone Number : <input type="text"/>
Name : <input type="text"/>	Phone Number : <input type="text"/>
Name : <input type="text"/>	Phone Number : <input type="text"/>

Parent/Caregiver : <input type="text"/>	Home Phone : <input type="text"/>	
Address: <input type="text"/>	City : <input type="text"/>	State : <input type="text"/>
Zip : <input type="text"/>	Cell Phone : <input type="text"/>	Work Phone : <input type="text"/>
Email/Other Contact Information : <input type="text"/>		

Emergency Contact Name: <input type="text"/>	Home Phone : <input type="text"/>	
Address: <input type="text"/>	City : <input type="text"/>	State : <input type="text"/>
Zip : <input type="text"/>	Cell Phone : <input type="text"/>	Work Phone : <input type="text"/>

Please check below if information can be released to :

☐ School System ☐ Law Enforcement