

Autism Emergency Contact Form

Part of the enjoyment of our position in the community is the ability to interact with such a wide variety of people. As a department we continue to train our officers with the latest information that will give them the tools to provide each individual of the community with the best service possible. It is the understanding of the Fox lake Police Department that our duties will allow us to interact and assist those in our community with disabilities. We would like to take this opportunity to express our awareness of Autism and the special circumstances that may arise around this unique disorder.

The autism spectrum disorders have grown to a rate of one in every 110 births. It is a complex neurobiological disorder that lasts throughout a person's lifetime. This disorder tends to impair the ability to communicate and relate to others which can often cause unusual responses to sensory experiences, such as sounds or the way an object looks. When officers respond to a call for assistance, it is beneficial to have as much knowledge as possible about any special circumstances we may be encountering. This way we can properly interpret and respond to the communication difficulties those with Autism encounter. In order to further assist us with our goal of providing the best service possible, we have an emergency contact form for those members of our community with autism spectrum disorders. This form will provide us with valuable information in the event your family has encountered an emergency. We continue to look forward to working with the members of our community to make sure that we provide the best service possible.

Autism Emergency Contact Form

Name of person with autism: _____ Nickname (if any): _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell (or other) phone: _____

D.O.B. _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Identifying scars or marks:

Medical Conditions:

If non-verbal-> Method of communication used: PECS book, picture book, AAC device, etc.

Identification worn: ex: jewelry, 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 locations where person may be found if missing:

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

If possible: Attach map and address guide to nearby properties with water sources and dangerous locations highlighted. Attach blueprint or drawing of home, with bedroom of individual highlighted.

Medical Care Providers:
Name: _____ Phone: _____

Name: _____ Phone: _____

Parents/Caregiver name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Other contact info:

Emergency contact name: _____ Home Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____