

Milford Police Department

121 S Main St. Milford, IN 46542
Phone: 574-658-4941 Fax: 574-658-4875
Email: police@milford-indiana.org

Autism Emergency Information Form

Name of child or adult with autism

Nickname *(if any)*

Date of Birth

Height

Weight

Hair Color

Home Phone #

Other

Identifying Scars or Marks

Medical Conditions

Method of communication, if not verbal *(sign language, picture boards, written word, etc)*

Identification worn *(jewelry / medical alert, clothing tags, ID cards, tracking monitors, 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 location where person may be found if missing

Likes and dislikes			
Medical Care Providers			
Name		Phone #	
Name		Phone #	
Name		Phone #	
Parents / Caregiver			
Name			
Street Address			
Phone #			
Other			
Emergency Contact			
Name			
Street Address			
Phone #			
Other			
Other important information that would assist first responders			

Note: Once form is complete, please save form and email, or print out and drop it off to police headquarters.