

ELYRIA POLICE AUTISM ALERT RESPONSE FORM

This form is intended to assist persons at risk

Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Unique Identifiers (birthmarks or scars): _____

Diagnosis: _____

Any co-existing diagnosis: _____

Does he/she carry any special identification? (Circle) YES NO

EMERGENCY CONTACTS

Contact Name:	Relationship:
Address:	
Phone Number:	Cell Phone Number:

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Address:	
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Address:	
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Is he/she verbal or non-verbal? (Circle)

Verbal

Non-Verbal

If non-verbal, is there any other communication that he/she uses?

Is he/she sensitive to noise?

YES

NO

Is he/she sensitive to touch?

YES

NO

Eye Contact

GOOD

FAIR

POOR

Does he/she engage in self-stimming behavior? Please list any known:

Does he/she run away from home or school?

YES

NO

Where does he/she go?

Are they prone to violence against police/parents/others? If so, list:

Does he/she have any specific fears?

YES

NO

If so, what are they?

Please list any triggers that may upset him/her:

What helps calm him/her down? (music, stuffed animals, hearing protection, sunglasses, discussion topics)

Does he/she gravitate towards anywhere, anyone or anything in particular?

Dangerous location (body of water or railroad tracks):

Specific location:

Specific landmark:

Specific person:

Any other pertinent info:

PLEASE ATTACH ALL PHOTOS TO THIS PAGE

This includes any relevant photos that would help
relocate during an elopement encounter

RELEASE

I, _____ give my permission to the Elyria Police
Department to retain and distribute this information to first responders/law enforcement personnel for the
sole purpose of identification and assistance to the person at risk.

Print name: _____

Signature: _____

Date: _____