



Village of Worth DEPARTMENT OF POLICE

MARK MICETICH
Chief of Police

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AUTISM EMERGENCY CONTACT FORM

NAME OF PERSON WITH AUTISM: _____

NICKNAME(S), IF ANY: _____

MALE FEMALE AGE: _____ DATE OF BIRTH: _____

ADDRESS

Street _____

City _____ State _____ Zip _____

PHONE

Home _____ Work _____ Cell _____

PHYSICAL DESCRIPTION

Height _____ Weight _____

Hair Color _____ Eye Color _____

Identifying Marks / Scars _____

PHOTO PROVIDED: YES NO

EMERGENCY CONTACT(S)

Name _____ Relation _____

PHONE: Home _____ Work _____ Cell _____

MEDICAL CONDITIONS: _____

METHOD OF COMMUNICATION, IF NON-VERBAL (SIGN LANGUAGE, PICTURES, WRITTEN WORDS):

IDENTIFICATION WORN (JEWELRY/MEDIC ALERT, CLOTHING TAGS, ID CARD, TRACKING MONITOR):

CURRENT PRESCRIPTIONS (INCLUDE DOSAGE):

SENSORY/MEDICAL/DIETARY ISSUES AND REQUIREMENTS, IF ANY:

WANDERING BEHAVIORS OR HABITS (DIRECTION OF TRAVEL):

FAVORITE ATTRACTIONS OR LOCATIONS WHERE PERSON MAY BE FOUND, IF MISSING:

LIKES/DISLIKES (INCLUDE APPROACH, TOUCH, AND DE-ESCALATION TECHNIQUES):

ANY FURTHER INFORMATION THAT MAY BE PERTINENT IF CONTACT IS MADE WITH THIS PERSON (IF ADDING TO A SPECIFIC QUESTION PLEASE INDICATE WHICH QUESTION YOU ARE PROVIDING FURTHER INFORMATION FOR):

PARENT/GUARDIAN

DATE

-----*DEPARTMENT USE ONLY*-----

SWCD NOTIFIED BY: _____ DATE: _____