

Autism 911 Alert Form

FAIRFIELD POLICE DEPARTMENT ADDRESS NOTIFICATION:

Please return this form to Officer Stacy Chiarolanza #64
schiarolanza@fairfieldnj.org. to be entered in as an address
alert.



Name of Individual with Autism:

Nickname if any:

Date of Birth: Sex:

Address:

City:

State:

Zip:

Height:

Weight:

Eye Color:

Hair Color:

Scars or Identifying Marks:

Medical Conditions:

Method of Communication (Vocal, Sign Language, Pictures, Written, Etc.):

Identification Worn (Medical Alert, Clothing Tags, ID Cards, Tracking Monitor, Etc.):

Other Relevant Conditions in Addition to Autism (Check All That Apply):

- No Sense of Danger Non-Verbal Attracted to Water Intellectual Disability Self Injurious
 Prone to Seizures Aggressive Behavior Under Stress
 Other *If Other, Please Explain:*



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Triggers or Aversions Including Sensory, Medical, or Dietary Issues and Requirements, If Any:

Inclination For Wandering Behaviors And/Or Atypical Characteristics/Behaviors That May Attract Attention Of First Responders:

Favorite Attractions And Locations Where Person May Be Found If Missing:

Likes And Dislikes Such As Toys Or Conversation Topics (Include Known De-Escalation Techniques):

Medical Care Provider:

Name:

Phone:

Parents/Caregivers Name:

Primary Phone:

Address:

City:

State:

Zip:

Emergency Contact Name:

Primary Phone:

City:

State:

Zip:

Other Important Information: