



FIRST RESPONDER ALERT FORM

Person-Specific Information for First Responders

Individual' Name _____
(First) (M.I.) (Last)

Address _____
(Street) (City) (State) (Zip)

Attach Current
Photo Here

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual Live Alone? _____

INDIVIDUAL'S PHYSICAL DESCRIPTION:

_____ Male _____ Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars or other identifying marks: _____

Other Relevant Medical Conditions in Addition to Autism (*Check all that apply*):

_____ No Sense of Danger _____ Blind _____ Deaf _____ Non-Verbal

_____ Prone to Seizures _____ Cognitive Impairment _____ Other

If Other, Please Explain: _____

Prescription Medications Needed: _____

Sensory or Dietary Issues, If Any: _____

Additional Information First Responders May Need: _____

EMERGENCY CONTACT INFORMATION:

Name of Emergency Contacts (*Parents/Guardians, Head of Household/Residence, or Care Provider*):

Emergency Contact's Address: _____
(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternate Emergency Contact: _____

Home: _____ Work: _____ Cell Phone: _____

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INFORMATION SPECIFIC TO THE INDIVIDUAL:

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the individual that may attract the attention of responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of Preferred Communication (*If nonverbal: Sign language, picture boards, written words, etc...*):

Method of Preferred Communication II (*If verbal: Preferred words, sounds, songs, phrases they may respond to*):

Identification Information (*i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets?*)

Tracking Information (*Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?*)

Completed forms can be dropped off at the police station or emailed to ciu@beverlyma.gov