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Chief of Police

Village of Chicago Ridge
Department of Police
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AUTISM EMERGENCY CONTACT FORM

Please note: This information will be retained by the Chicago Ridge Police Department and is kept confidential. This information will be used for emergency purposes when responding to incidents or reporting by parents or guardians. Please complete as much information as possible. We will ask that you update this information when changes occur or each January of the calendar year. If you have any questions, please contact the department at 708-425-7831.

- New Entry
- Updated

Name of Person with Autism: _____

Nickname(s), if any: _____

Male Female Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Physical Description

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Any identifying marks/scars _____

Photo Provided Yes No

Emergency Contact(s)

Name: _____ Relationship: _____

Home Phone _____ Cell Phone _____

Name: _____ Relationship: _____

Home Phone _____ Cell Phone _____

Information

Medical Conditions: _____

Identification worn (jewelry/medic alert, clothing, tags, id card, tracking monitor): _____

Current prescriptions (including dosages) _____

Sensory/Medical/Dietary Issues and Requirements, if any: _____

Wandering behaviors of 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 the person (if adding to a specific question please indicate which question you are providing further information for) _____

Parent/Guardian

Date

For Department Use only. SWCD Notified by: _____ Date: _____