

# AUTISM ELOPEMENT ALERT FORM: INFORMATION FOR FIRST RESPONDERS

**ROCHESTER POLICE DEPARTMENT**  
23 Wakefield St., Rochester, NH 03867-1933  
Phone: (603) 330-7127 / Fax: (603) 330-7159  
Visit Us Online at www.ROCHESTERPD.org

RPD Employee Initials: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Site File: **ER GO RO #:** \_\_\_\_\_

## ► CHILD'S INFORMATION:

*Please attach a recent  
photograph of the child  
(with no photo filter used).*

**Name:** \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

**Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Male**  **Female**  **Other:** \_\_\_\_\_

\_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Hair Color** \_\_\_\_\_ **Eye Color** \_\_\_\_\_

**Scars or identifying marks:** \_\_\_\_\_

**Date of photograph:** \_\_\_\_\_  Will run from responders (police, etc.)  Will *not* run

**Address:** \_\_\_\_\_ **Lives with:** \_\_\_\_\_

**It is OK to Respond with:**  Lights  Sirens  Both  Do *not* use Lights or Sirens

Attracted to water  Attracted to trains and/or RR tracks  Other: \_\_\_\_\_

**Identification / Tracking Information** (Does the individual carry or wear jewelry, tags, ID card, medical alert bracelet, etc.? Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):

## ► EMERGENCY CONTACT INFORMATION

**1. Contact Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Street Address: \_\_\_\_\_

**2. Contact Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Home #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Work #: \_\_\_\_\_  
Street Address: \_\_\_\_\_

**► MEDICAL INFORMATION**

- Prone to Seizures     Hearing Impaired     Vision Impaired     Wears Diapers or Pull-ups  
 High Pain Tolerance (could be injured and not show signs)     Pica (puts non-food items in mouth)

Other health conditions: \_\_\_\_\_

Prescription Medications Needed: \_\_\_\_\_

Dietary Restrictions or Allergies: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital:     Frisbie Memorial Hospital (Rochester)     Wentworth-Douglass Hospital (Dover)

**► COMMUNICATION**

- Vocals/speaks     Non-verbal     Pictures     Sign language     Can read     Can write  
 Communication is limited     Communication device used: \_\_\_\_\_  
 Difficulty answering questions     Can respond to short commands, like “Stop” or “Do This”  
 Can answer Yes/No questions     Will repeat what you say rather than answer your question (Echolalia)  
 Understands if you speak slowly with few words     Understands visual cues and modeling  
 Will usually give up an item if you say “3, 2, 1—ok my turn!”

Good words to use/phrases that calm: (Ex: “Let’s go see Mom & your dog Spot”): \_\_\_\_\_

Trigger words **not** to use (Ex: “No, Stop”): \_\_\_\_\_

**► SENSORY ISSUES/TRIGGERS**

Sensitive to:     Noise     Light     Touch     Crowds     Other: \_\_\_\_\_

Dislikes/avoids:     Eye contact     Strangers     Being wet and/or dirty     Wearing shoes/clothes

Other: \_\_\_\_\_

