



Cushing Police Department
Autism Emergency Contact Form

New Form Renewel

Name of autistic child or adult:

Nickname if any: Date of birth: Height:

Weight: Eye color: Hair color:

Scars or identifying marks:

Medical conditions:

Address: City : State :

Zip : Home Phone : Other Phone :

Method of communication, if non verbal:
sign language, picture boards, written
word, etc:

Identification worn: ex: jewelry/Medic
Alert, clothing tags, ID card, tracking
monitor, etc:

Current prescriptions (include dosage):

Sensory, medical, or dietary issues and
requirements, if any:

Inclination for wandering behaviors or
characteristics that may attract attention:

Favorite attractions and locations where
person may be found if missing:

Likes and dislikes (include approach and
de-escalation techniques):

Attach or turn in map and address guide to nearby properties with water sources and dangerous locations highlighted.

Attach or turn in blueprint or drawing of home, with bedrooms of individual highlighted.

Daycare/School attending : Phone Number :

Medical Care Providers:

Name :	<input type="text"/>	Phone Number :	<input type="text"/>
Name :	<input type="text"/>	Phone Number :	<input type="text"/>
Name :	<input type="text"/>	Phone Number :	<input type="text"/>

Parent/Caregiver : Home Phone :

Address: City : State :

Zip : Cell Phone : Work Phone :

Email/Other Contact Information :

Emergency Contact Name: Home Phone :

Address: City : State :

Zip : Cell Phone : Work Phone :

Please check below if information can be released to :

- School System Law Enforcement

Save and E-Mail to
policechief@cityofcushing.org