

AUTISM ALERT



Name: _____

DOB: _____

Address: _____

Phone #: _____

Weight: _____

Height: _____

Hair: _____

Eyes: _____

Glasses/Contacts: _____

Language Spoken: _____

Distinguishing Features: _____

Physician: _____

Physician Phone #: _____

Caretaker Name: _____ **Caretaker Home Phone #:** _____

Caretaker Cell Phone #: _____

Caretaker Address: _____

Name/address/phone of (2) friends, relatives, or neighbors in case caretaker cannot be reached:

1) _____

2) _____

Current Medications: _____

*North Attleboro Police Department
(508) 695-1212*

This form is to provide the North Attleboro Police Department with accurate information on the individual listed above. This information will only be used for Emergency Response and Emergency Care only. Photos of adults should be updated every two years and children's photos every year. If there are any medical changes these should be reported to this department immediately.

I, _____, as the parent/guardian/caretaker of _____, do understand that it is my responsibility to update this information as it changes.

Signature: _____

Date: _____

Date entered into CAD: _____ *Data Entered by:* _____

Please return all forms to Officer Krishtal at the:
*North Attleboro Police Department
102 South Washington St
North Attleboro, MA 02760*