



Northville Township Police Department

Autism/Vulnerable Adult Profile and Emergency Contact Form

PHOTO
Please add photo in email when submitting this form

Name: _____

Date Completed: _____

| | | | |
|--|-------------------|-------------------------------------|------------------|
| Gender: | Birthdate or Age: | Non-Verbal? | Height /Weight / |
| Address, City & Zip Code: | | | |
| Parent / Guardian Name: | | Telephone – Home/Work/Cell: | |
| Parent / Guardian Name: | | Telephone – Home/Work/Cell: | |
| School/Employer/Other: | | Staff Contact | |
| Address, City & Zip Code: | | Telephone: | |
| Communication Methods – Verbal, Sign Language, Visuals, Software: | | Describe Identifying Marks / Scars: | |
| Medical Conditions – Autism, Seizures, ADHD etc: | | | |
| Medications: | | Allergies: | |
| Primary Care Physician: | | Telephone: | |
| Address, City & Zip Code: | | | |
| Health Insurance Carriers or Medicaid: | | Policy/Group/Contract #'s | |
| Important Information for Responders – Key Phrases or items that may help in a situation, i.e. cannot be left alone: | | | |
| Behaviors that may be exhibited – i.e. runner, wanderer, eat non-edible items, head butts, etc. | | | |
| Popular Destinations – i.e. Library, Swimming Pool, Restaurant, Store, etc: | | | |
| Emergency Contact #1 - Name, Telephone #, Relationship: | | | |
| Emergency Contact #2 – Name Telephone #, Relationship: | | | |
| GPS / Tracking Device Information: | | | |
| Other: | | | |