



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:			