



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

**COGNITIVELY DISABLED ELOPEMENT ALERT FORM  
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

**Individual's Name** \_\_\_\_\_  
(First) (M.I.) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Preferred Name** \_\_\_\_\_

**Does the Individual live alone?** \_\_\_\_\_

**Individual's Physical Description:**

Male  Female **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye color:** \_\_\_\_\_ **Hair color:** \_\_\_\_\_

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

**Other Relevant Medical Conditions in addition to Autism** (check all that apply)

No Sense of Danger  Blind  Deaf  Non-Verbal  Physically Disabled

Prone to Seizures  Cognitive Impairment  Other

**If Other, Please explain:** \_\_\_\_\_

**Prescription Medications needed:**

**Sensory or dietary issues, if any:**

**Additional information First Responders may need:**

**EMERGENCY CONTACT INFORMATION**

**Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):**

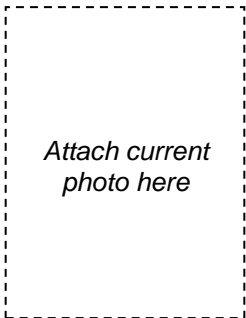
**Emergency Contact's Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Emergency Contact's Phone Numbers:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Alternative Emergency Contact:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



**INFORMATION SPECIFIC TO THE INDIVIDUAL**

Favorite attractions or locations where the individual may be found:

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Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

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Individual’s favorite toys, objects, music, discussion topics, likes, or dislikes:

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Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

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Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

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Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

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Tracking Information. (Does the individual have an Adiant Mobile Personal GPS Locator, Project Lifesaver or LoJack Safety Net Transmitter Number?):

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