



HARVARD POLICE DEPARTMENT

AUTISM ALERT FORM



This is an effort of the Harvard Police Department to assist caregivers of individuals with autism. The data provided is to be used to assist in the investigation of a person who is reported missing or of need from the Police.

Return Completed form to:

Harvard Police Department
40 Ayer Road
Harvard, MA 01451
ATTN: Tforbes@harvard-ma.gov

Attach recent photo here
Head and Shoulder
If possible

INFORMATION

Name _____ D.O.B. _____

Race _____ Height _____ Weight _____

Eyes _____ Hair _____

Identifying Marks _____

Tattoo's, scars, prosthesis _____ Right Handed **CIRCLE** Left Handed

Does the individual attend a day care program? YES **CIRCLE** No

If yes, where? _____

Individual's Physician _____ Physician's Phone _____

Medications _____ Known Allergies _____

Any additional physical problems? _____

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Does the individual drive? YES ***CIRCLE*** NO Have access to a car? YES ***CIRCLE*** NO

If yes, Plate# _____ State _____ Make _____

Model _____ Year _____ Color _____

Does the individual carry identification? YES ***CIRCLE*** NO If yes, what? _____

Does the individual have any particular habits? _____

Is the individual physically aggressive? YES ***CIRCLE*** NO

Other helpful information _____

Hobbies and/or favorite locations _____

If reported missing before, where have they been found? _____

CAREGIVER INFORMATION

Individual lives with _____

Relationship to individual _____ Phone _____

Address _____

Contact 2 _____

Relationship to individual _____ Phone _____

Address _____

Contact 3 _____

Relationship to individual _____ Phone _____

Address _____

RELEASE FORM

I, _____ , give my permission for the Harvard Police Department to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to AUTISM ALERT efforts and related investigative activities.

Signature _____

Date _____