

This individual may run from Responders. English is not the primary language. _____

Londonderry Police Department

Autistic Persons Checklist for Responding Personnel

Keep an updated copy of this information with you to provide in an emergency, and leave a copy with the LPD.

Name of Individual with ASD _____

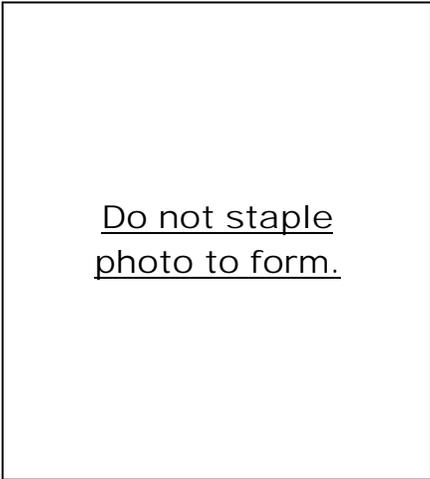
Address _____ **City & State** _____

Date of Birth _____ **Age at Photo** _____

Current Physical Description (photo at right)

Height _____ Weight _____ Hair Color _____ Eye Color _____

Name of Parents / Other Primary Care Provider



Call the following phone numbers in the order listed to connect the ASD individual with someone they know:

Names (parents list yourself)

Phone Numbers (home, cell, work)

1. _____
2. _____
3. _____
4. _____
5. _____

Calming Techniques: _____

Sensory Issues:

Seeks: _____

Avoids: _____

Medical Conditions / Issues: _____
