



**Camp Hill Police
Autism/Special Needs Registry**



****Note: All information in RED will be released to the media if a disappearance should occur,
as this information may ensure a safe return****

						Name:			Date of Birth/Age:			
						Address:				City/State/Zip:		
						Emergency Contacts: (Minimum of 2-Primary & Secondary)						
Date Photo Taken:												
Sex:	Race:	Skin Tone:	Height:	Weight:	Eye Color:	Hair Color:	Hair Style:	Scars/Marks/Tattoos:				
Driver's License Number:			Driver's License State:			Social Security #:						
Vehicles (List All):												
Make/Model:				Year:		Color:		License Plate #:				
Medical Concerns (To be released if relevant/necessary):												
What types of behavior should be expected? (kicking, hitting, biting, self-hitting, running away)												
Best way to approach him/her?												
How does he/she communicate? (verbal, sign language, technology, picture cards)												
How does he/she respond to stress? (rock, hide, scream, kick/hit, shut down)												
What works best to reduce stress? (Specific toy or object, music, quiet environment)												
Are there specific strategies to calm him/her?												
If he/she cannot communicate, are there any characteristics that would help us ID him/her?												