



Township of Moorestown
Police Department
Patrick J. Reilly, Jr.
Public Safety Director



Special Needs Emergency Information

Any resident of Moorestown Township that would like to provide the Police Department with information regarding a SPECIAL NEEDS family member, may complete and submit the Special Needs Emergency Information Form, please attach a photo, if available. The form may be dropped off, faxed or mailed to the Moorestown Township Police Department, 1245 North Church Street, Suite 2, Moorestown, NJ 08057, or emailed to Records@moorestownpd.com as a scanned document.

Once the form is received, Burlington County Central Communications will include an “address flag” in the Department’s CAD system and include the form in a special binder maintained at all times in the dispatch center. Participation in this program is voluntary. The information provided may assist Police Department personnel in properly interacting with you and your family. The form was designed by the organization “Parents of Autistic Children” to serve as an important medium for emergency responders to better serve the public. The information you provide is secure and only available to law enforcement.

Residents should also be aware of Project Lifesaver as offered by the Burlington County Sheriff’s Department through the Office of Emergency Management (OEM) at 609-265-3788. Project Lifesaver utilizes radio technology in combination with a specially designed transmitter bracelet to help locate persons who have a tendency to wander due to illness or disability (Autism, Alzheimer, etc.).



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Special Needs Emergency Information Form

Any resident of Moorestown Township who would like to provide the Police Department with information regarding a family member with “Special Needs” may complete this form. Once completed, please choose from the following options: Print and scan or mail to the Moorestown Township Police Department, Attention Records, 1245 North Church Street, Suite 2, Moorestown, NJ 08057; fax to 856.235.9178; or email to Records@moorestownpd.com.

Name of child/adult with special needs: _____

Nickname, if any: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or identifying marks: _____

Medical conditions: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number(s): _____

Method of communication, if nonverbal (e.g., sign language, picture boards, written work, etc.):

Identification worn (e.g., jewelry/Medic Alert®, clothing tags, tracking monitor, etc.):

Current prescriptions (include dosage):

Sensory, medical, or dietary issues and requirements, if any:



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Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions and locations where person may be found if missing:

Likes and dislikes (Please include approach and de-escalation techniques):

Medical Care Providers

Name: _____ Phone: _____

Name: _____ Phone: _____

Parents/Caregiver

Name: _____ Phone: _____

Address: _____

Emergency Contact

Name: _____ Phone: _____

Address: _____

Return completed form to the Moorestown Police Department

Records@moorestownpd.com

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 Fax 856.235.9178
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1245 N. Church Street, Suite 2, Moorestown, NJ 08057