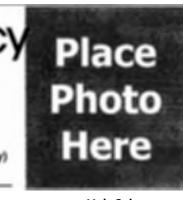


Autism Emergency Safety Contact Form



Name of Child/Adult with Autism Nickname (if Date of Birth Height Weight **Eye Color Hair Color Medical Conditions** Scars or Identifying Marks Other Phone **Address** City, State, Zip Home Phone Method of Communication, if non-verbal: sign language, picture boards, written word, etc. Identification Worn: (ex. Jewelry/Medic Alert®, clothing tags, ID card, tracking monitor, etc.) Current Prescriptions (include dosage): Sensory/Medical/Dietary issues and requirements, if any: Medical Care Providers Name/Phone: Name/Phone: _____ Inclination for wandering behaviors or characteristics Name/Phone: _____ that may attract attention: Parent/Caregiver Info Name: ____ Favorite attractions or locations where person may be found, if missing: Address: Home/Other Phone: Other Contact Info: _____ Likes/Dislikes (Include approach and de-escalation techniques: **Emergency Contact Info** Name: ______ Address: Please attach any additional information. Home/Other Phone: _____ Use extra paper if necessary. For additional information & tips, please go to

www.AutismRiskManagement.com