

Autism Emergency Contact Form

Place
Photo
Here

Name of Child/Adult with Autism

Nickname (if any)

Date of Birth

Height

Weight

Eye Color

Hair Color

Medical Conditions

Scars or Identifying Marks

Address

City, State, Zip

Home Phone

Other 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:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions or locations where person may be found, if missing:

Likes/Dislikes (Include approach and de-escalation techniques:

Please attach any additional information.
Use extra paper if necessary.

Medical Care Providers

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

Parent/Caregiver Info

Name: _____

Address: _____

Home/Other Phone: _____

Other Contact Info: _____

Emergency Contact Info

Name: _____

Address: _____

Home/Other Phone: _____