



Autism Emergency Contact Form

Name of child or adult with autism:

Nickname, if any:

Date of Birth:

Height:

Weight:

Lbs Eye color:

Hair color:

Scars or identifying marks:

Medical conditions:

Home address:

City:

State:

Zip:

Municipality:

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:

Sensory, medical, or dietary issues :

Inclination for wandering, behaviors or
characteristics that may attract attention:

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

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

Medical Care Providers:

Name:

Phone:

Name:

Phone:

Parents/Caregiver name:

Home Phone:

1st Cell Phone:

2nd Cell Phone:

Emergency contact name:

Home Phone:

1st Cell Phone:

2nd Cell Phone:

Additional Comments; if needed

Please attach a drawing of home, with
bedrooms and hiding places of the individual.
Attach map and address guide of nearby
properties with water sources / dangerous
locations highlighted. Please attach a recent
photo.