

**INDIVIDUAL AUTISM INFORMATION
FOR POLICE AND EMERGENCY RESPONSE PERSONNEL**

Due to the unique nature of autism it is important for parents to work together with local law enforcement to ensure that crucial information is available in case of an emergency.

Last Name: _____ First Name: _____
Home Address: _____
Emergency Contact Name: (1) _____
Relationship: _____ Telephone Number(s): _____
Emergency Contact Name (2) _____
Relationship: _____ Telephone Number(s): _____
Birth date: _____ Race: _____
Gender: _____ Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____ Other Features: _____

Diagnosis: _____
Medical Concerns: _____
Allergies: _____

Is the individual verbal? _____
Is the individual likely to try to run away? _____
Where are they likely to go? _____
Can they be aggressive? _____
What is likely to upset him/her? _____
Does he/she self-stimulate? _____ How? _____
Does he/she have seizures? _____
What is likely to trigger them? _____

Sensitivities:

Noise
 Touch
 Visual Stimuli
 Smells

What are the special interests? _____
What is likely to calm him/her? _____

Other pertinent information:

I, _____, give my permission to _____
To retain and distribute this information to first response and law enforcement
personnel for the sole purpose of identification and assistance with the autistic
individual.

Print Name: _____
Signature: _____
Relationship: _____