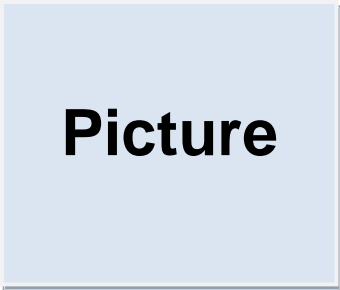




Autism Profile and Emergency Contact Form



Name _____ Date Completed: _____

Gender: Male or Female	Birthdate or Age:	Non-Verbal: Yes or No	Height/Weight: /
Address, City, Zip code			
Parent / Guardian Name		Telephone #s – home / work / cell	
Parent / Guardian Name		Telephone #s - home / work / cell	
School / Employer / Other		Staff Contact	
Address, City, Zip code		Telephone #	
Communication Methods – Verbal Sign Language Visuals Software		Describe Identifying Marks/Scars	
Medical Conditions: (Autism, Seizures, ADHD-list all)			
Medications		Allergies:	
Primary Care Physician		Telephone #	
Address, City, Zip code			
Health Insurance Carriers or Medicaid		Policy/Group/Contract #s	
Important Information to Share with Responders: (Key phrases or items that may help in situation; cannot be left alone)			
Behaviors that may be exhibited: (runner; wander, eat non-edible items, head butts)			
Popular Destinations: (Library, swimming pool, restaurant, store):			
Emergency Contact: Name, Telephone #, Relationship:			
Emergency Contact: Name, Telephone #, Relationship:			
Emergency Contact: Name, Telephone #, Relationship:			
GPS/Tracking Device Information:			
Other:			