# Autism Emergency Contact Form

**Name of Child/Adult with Autism**

**Nickname (if any)**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Height</th>
<th>Weight</th>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
</table>

**Medical Conditions**

**Scars or Identifying Marks**

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip</th>
<th>Home Phone</th>
<th>Other Phone</th>
</tr>
</thead>
</table>

**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):**

**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: ____________________________

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

For additional information & tips, please go to www.AutismRiskManagement.com