

Name of child or adult with autism: _____

Nickname if any: _____ Date of birth: _____ Height: _____

Weight: _____ Eye color: _____ Hair color: _____

Scars or identifying marks: _____

Medical conditions: _____

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, or dietary issues and requirements, if any:

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: _____

Name: _____ Phone: _____

Parents/Caregiver name: _____ Home phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell phone: _____

Other contact info:

Emergency contact name: _____ Home phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell phone: _____

Other important information:

