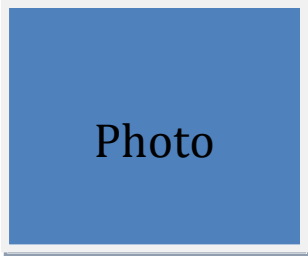




Autism Profile and Emergency Contact Form



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—home/work/cell: | |
| Parent/Guardian Name: | | Telephone—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, etc.: | | | |
| Medications: | | Allergies: | |
| Primary Care Physician: | | Telephone: | |
| Address, City, & Zip code: | | | |
| Health Insurance Carriers or Medicaid: | | Policy/Group/Contract#s: | |
| Important Information for Responders—key phrases or items that may help in a situation, i.e. cannot be left alone: | | | |
| Behaviors that may be exhibited—i.e. runner; wanderer, eat non-edible items, head butts, etc: | | | |
| Popular Destinations—i.e., Library, Swimming Pool, Restaurant, Store, etc: | | | |
| Emergency Contact #1—Name, Telephone#, Relationship: | | | |
| Emergency Contact #2—Name, Telephone#, Relationship: | | | |
| Emergency Contact #3—Name, Telephone#, Relationship: | | | |
| GPS/Tracking Device Information: | | | |
| Other: | | | |