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:			