



AUTISM ELOPEMENT ALERT FORM
PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

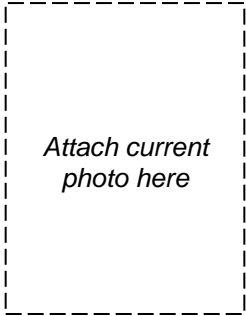
Date Submitted: _____

Individual's Name _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual live alone? _____



Individual's Physical Description:

___ Male ___ Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

Other Relevant Medical Conditions in addition to Autism *(check all that apply)*:

___ No Sense of Danger ___ Blind ___ Deaf ___ Non-Verbal ___ Mental Retardation

___ Prone to Seizures ___ Cognitive Impairment ___ Other

If Other, Please explain: _____

Prescription Medications needed: _____

Sensory or dietary issues, if any: _____

Additional information First Responders may need: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers): _____

Emergency Contact's Address: _____
(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternative Emergency Contact: _____

Home: _____ Work: _____ Cell Phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

Tracking Information. (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):
