

AUTISM SPECTRUM DISORDERS: 911 REGISTRY FORM

Name _____ M ___ F ___
(Nickname) (D.O.B.)

Address _____ Phone _____

Parent/Guardian/Caretaker/Other (Please specify) _____

Phone _____ Work # _____ Cell # _____

Secondary Emergency Contact:

Name _____ Phone _____

Behaviors, Habits, Fears: _____

Favorite attractions and locations where person may be found: _____

Best communication method in crisis: _____

Wears ID jewelry, tags in clothes, etc. No ___ Yes ___

Where can it be found? _____

Critical medical information: _____

Key contact to keep information updated:

Name _____ Phone _____

PERMISSION FOR DISCLOSURE

I, _____ parent/guardian/caretaker of _____
give permission for information regarding him/her to be given over the dispatch
radio.

Signed _____ Date: _____