

Autism Elopement Alert Form Part 1



PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name _____

(First)

(M.I.)

(Last)

Address _____

(Street)

(City)

(State)

Zip)

Date of Birth _____ Age _____ Preferred Name _____

Does the individual live alone? _____



Date Submitted:

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?):*
