



Autism Safety Alert Form

This form provides communications and quick access to important information regarding your individual with Autism or a differing ability.

Please be sure to include any and all information that you believe can support Branford first responders in ensuring the safety of a vulnerable person in a crisis situation.

First Name _____
 Last Name _____

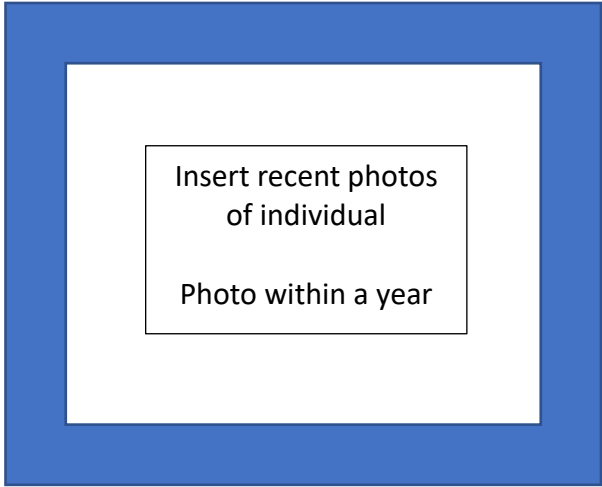
 Any nickname child may answer to

 Address

_____ DOB Male Female

_____ Weight _____ Height

_____ Hair color _____ Eye color



 Mother's Name/Cell #

 Father's Name/ Cell #

 Add. Emergency Contact #1 Name/ Cell #

 Add. Emergency Contact #2 Name /Cell #

School Name & Address: _____

Will individual respond to his/her name? _____

Does the individual have a fear of K9s? _____

Individual's official diagnosis: _____

Child's identifying marks, medications (and dosage) & medical needs: _____

Please check those that apply:

Blind Hearing Impairment Non- Verbal Intellectual Disabilities Cognitive Impairment

Prone to seizures

If other, please explain: _____

Please check what applies to individual:

Communication Ability:

Verbal Non- Verbal ASL AAC Device PEC Cards Has Written Ability Scripts

Can Respond to Yes or No Questions List best means s of communication in stressful situation:

Sensitivity To:

Noise Touch Light Crowds Textures

Behaviors:

Sensory Seeking Vocal Stims Self-Injurious Lack of fear of danger Elopement

Aggression Eye Contact Avoidance Will run if chased

Does this individual have the ability to follow commands? _____

Dislikes of individual: _____

Favorite attractions or locations: _____

Favorite toys, objects, songs, movies, TV Shows, discussion of topics: _____

Additional information first responders may need: _____

I, _____, give my full permission to the Branford first responders to retain this information, to be kept on file for the purposes of identification and the assistance relative to Autistic/Vulnerable Individual Identification efforts and related activities.

Signature

Date

