



Autism Safety Alert Form

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

Please be sure to include any and all information that you believe can support East Haven Police Department in ensuring the safety of an individual with Autism in a crisis situation.

First Name

Last Name

Any nickname individual 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 #

Will individual respond to his/her name? _____

Does the individual have a fear of K9s? _____

Individual's official diagnosis: _____

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

Please check those that apply:

Blind

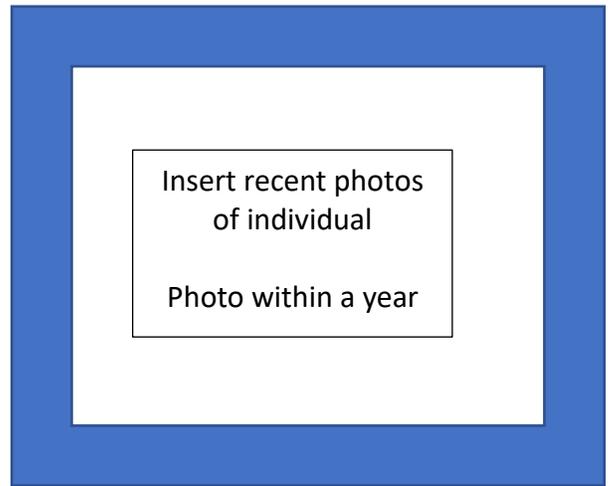
Deaf

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 East Haven Police Department to retain this information, to be kept on file for the purposes of identification and the assistance relative to Autistic Individual Identification efforts and related activities.

Signature

Date