

## AUTISM ELOPEMENT ALERT FORM

Person-Specific Information for First Responders

Child's Name \_\_\_\_\_  
(First) (M.I.) (Last)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_

Lives with: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Scars or other identifying marks: \_\_\_\_\_

\_\_\_ Attracted to water \_\_\_ Attracted to trains and/or train tracks \_\_\_ Other:

**Identification / Tracking Information** (Does the individual carry or wear jewelry, tags, ID card, medical alert bracelet, etc.? Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?)

### EMERGENCY CONTACT INFORMATION

Name of Emergency Contact 1: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_

Name of Emergency Contact 2: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ Home#: \_\_\_\_\_ Work# \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

### Medical

\_\_\_ Prone to seizures \_\_\_ hearing impaired \_\_\_ vision impaired \_\_\_ wears diapers or pull-ups

\_\_\_ High pain tolerance (could be injured and not show signs) \_\_\_ Pica (puts non-food items in mouth)

Other health conditions:

Prescription Medications Needed:

Dietary Restrictions & Any Allergies:

## Communication

- vocals  pictures  Sign language  Can read  Can write  Communication is limited device:  
 Difficulty answering questions  Can respond to short commands, like "Stop" or "Do This"  
 Can answer Yes/No questions  Echolalia (will repeat you rather than answer your question)  
 Understands if you speak slowly with few words  Understands visual cues and modeling  
 Will usually give up an item if you say "3, 2, 1—ok my turn!"

Good words to use / phrases that calm: (for example, "Let's go see Mommy & your dog Buster"):

Trigger words **not** to use (No, Stop):

## Sensory Issues / Triggers

- Sensitive to:  noise  light  touch  crowds  
Dislikes/avoids:  eye contact  strangers  being wet  being dirty  wearing shoes / clothes  
Other:

## Atypical behaviors

- Makes vocal stimming / high pitched noises  Self-injury:  
 Can be aggressive:  
 Speaks loudly but is not typically aggressive  Will run if chased  doesn't show emotion on face  
 Little or no sense of danger  sensory seeking (crashes into things)  
 Difficulty recognizing faces (including family)  
Other:

## Calming methods, Preferred items

- noise-blocking headphones  calm and quiet voice  candy  time alone  
 tickles  ask why he/she is upset and explain that things will be ok  
 music:  
 toys:  
Other:

Favorite topics to talk about (people, places, cartoon characters, tv shows):

Calming ways to touch (hugs, high five, hold hands, rub arms, bear hugs, etc.):



MANY CHILDREN WITH AUTISM ARE DRAWN TO WATER.  
SEARCH WATER FIRST.

Download the BIG RED SAFETY TOOLKIT at  
<http://nationalautismassociation.org/docs/BigRedSafetyToolkit.pdf>

