

AUTISM ELOPEMENT ALERT FORM PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Date Submitted:

Individual's Name					1 1
(First)	(M.I.)	(Last)			Attach current
Address:	 				photo here
(Street)		(City)			
Date of Birth	Age	Preferred Nan	ne		i I
Does the Individual live alone?					
Individual's Physical Description:					
MaleFemale Height:	Weight	:	Eye color:	Hair	color:
Scars or other identifying marks:					
Other Relevant Medical Conditions in ad	dition to Aut	ism (check all that	apply):		
No Sense of DangerBlind	Deaf	_Non-Verbal	Mental Re	etardation	
Prone to SeizuresCognitive Im	pairment _	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/Gu	uardians, Hea	ad of Househo	old/Residence, c	or Care Prov	iders):
Emergency Contact's Address:(Street)			(City)	(Stat	e) (Zip)
Emergency Contact's Phone Numbers:					
Home: Work: _			ell Phone:		
Name of Alternative Emergency Contact:					
Home: Work: _					

INFORMATION SPECIFIC TO THE INDIVIDUAL