



## Autism Safety Alert Form

This form provides communications and quick access to important information regarding your individual with Autism or within the special needs community.

Please be sure to include any and all information that you believe can support South Fire District in ensuring the safety of an individual with Autism or special needs 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

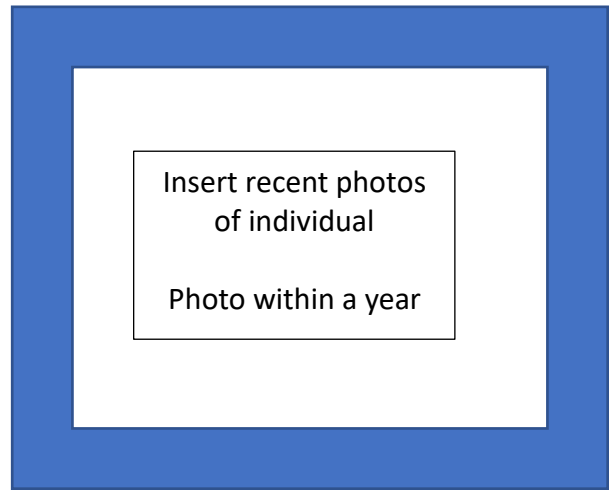
Deaf

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 South Fire District 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

