



Autism Profile and Emergency Contact Form



Name: _____ Date Completed: _____

Gender: Male or Female	Birthdate or Age:	Non-Verbal: Yes or No	Height/Weight: /
Address, City, & Zip code:			
Parent/Guardian Name:		Telephone—home/work/cell:	
Parent/Guardian Name:		Telephone—home/work/cell:	
School/Employer/Other:		Staff Contact:	
Address, City, & Zip code:		Telephone:	
Communication Methods—Verbal, Sign Language, Visuals, Software:		Describe Identifying Marks/Scars:	
Medical Conditions—Autism, Seizures, ADHD, etc.:			
Medications:		Allergies:	
Primary Care Physician:		Telephone:	
Address, City, & Zip code:			
Health Insurance Carriers or Medicaid:		Policy/Group/Contract#s:	
Important Information for Responders—key phrases or items that may help in a situation, i.e. cannot be left alone:			
Behaviors that may be exhibited—i.e. runner; wanderer, eat non-edible items, head butts, etc:			
Popular Destinations—i.e., Library, Swimming Pool, Restaurant, Store, etc:			
Emergency Contact #1—Name, Telephone#, Relationship:			
Emergency Contact #2—Name, Telephone#, Relationship:			
Emergency Contact #3—Name, Telephone#, Relationship:			
GPS/Tracking Device Information:			
Other:			