



Autism Elopement Alert Form

PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

In partnership with:



Individual's Name _____
(First) (M.I.) (Last)

Address _____
(Street) (City) (State) Zip

Date of Birth _____ Age _____ Preferred Name _____

Does the individual live alone? _____



Date Submitted:

INDIVIDUAL'S PHYSICAL DESCRIPTION

_____ Male _____ Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

OTHER RELEVANT MEDICAL CONDITIONS IN ADDITION TO AUTISM (CHECK ALL THAT APPLY):

_____ No sense of danger _____ Blind _____ Deaf _____ Non-verbal _____ Intellectual disability

_____ Prone to seizures _____ Cognitive impairment _____ Other, including specific behavior challenges

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/guardians, head of household/residence, or care providers):

Emergency contact's address: _____
(Street) (City) (State) Zip

Emergency contact's phone numbers:

Home: _____ Work: _____ Cell phone: _____

Name of alternative emergency contact: _____

Home: _____ Work: _____ Cell phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of preferred communication (If nonverbal: sign language, picture boards, written words, etc.):

Method of preferred communication II (If verbal: preferred words, sounds, songs, phrases they may respond to):

Identification information (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

Tracking information (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):
