

**Person-Specific Individual with Autism Handout for 911 Systems**

Date this form was completed \_\_\_\_\_

Name of Child or Adult \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

*place photo here*

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars or identifying Characteristics \_\_\_\_\_  
\_\_\_\_\_

ID- Jewelry, Tags on Clothing \_\_\_\_\_

Names of Parents or Responsible Care Providers \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers for Parent or Care Provider for Officer Use-**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

**Emergency Contact Person-**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Sensory, Medical, or Dietary Issues \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ Method of Communication \_\_\_\_\_

➤ What most aggravates this person \_\_\_\_\_