

Language Spoken in Home: _____ Will RUN AWAY/ BOLT from Responder? _____

Autism Awareness 9-1-1

**Person Specific Handout Checklist for 9-1-1 Systems,
First Responders & Emergency Room Staff**

Keep a copy of this information in the glove box of your vehicle, in your home, and send to your local emergency dispatch service.

Name of Individual with ASD _____

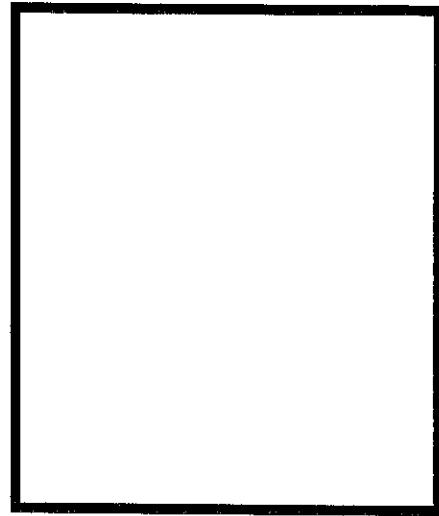
Address _____ city and state _____

Date of birth _____ Age at photo _____

Current physical description: (photo at right)

height _____ weight _____ hair color _____ eye color _____

Name of Parents/other primary care provider



**Call the following phone numbers in the order listed
to connect the ASD individual with someone they know:**

Names (parents list yourself)

Phone numbers

1. _____

2. _____

3. _____

4. _____

5. _____

Calming Techniques:

Sensory Issues:

seeks: _____

avoids: _____

Medical Conditions/Issues:
