



# 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:

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

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

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

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

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

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

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