



Autism Safety Alert Form

This form provides communications and quick access to important information regarding your individual with Autism.

Please be sure to include any and all information that you believe can support Watertown Police Department in ensuring the safety of an individual with Autism in a crisis situation.

_____ First Name Last Name

_____ Any nickname child may answer to

_____ Address

_____ DOB Male Female

_____ Weight _____ Height

_____ Hair color _____ Eye color

_____ Mother's Name/Cell #

_____ Father's Name/ Cell #

_____ Add. Emergency Contact #1 Name/ Cell #

_____ Add. Emergency Contact #2 Name /Cell #

Will individual respond to his/her name? _____

Does the individual have a fear of K9s? _____

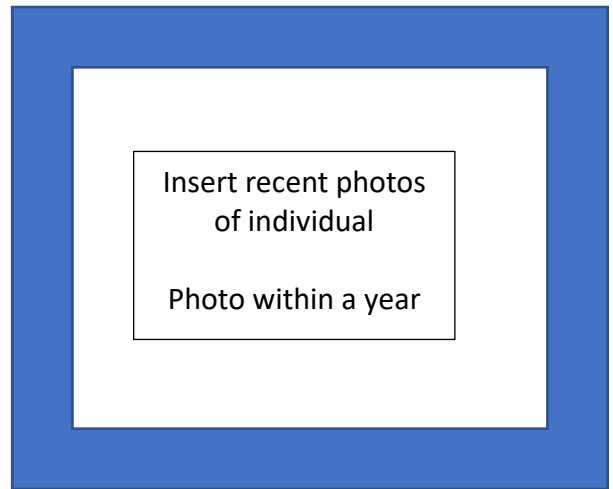
Individual's official diagnosis: _____

Child's identifying marks, medications (and dosage) & medical needs: _____

Please check those that apply:

Blind Deaf Non- Verbal Intellectual Disabilities Cognitive impairment

Prone to seizures If other, please explain: _____



Please check those that apply:

Communication Ability:

Verbal Non- Verbal ASL AAC Device PEC Cards Written Ability Scripts

Can Respond to Yes or No Questions List best means of communication in stressful situation:

Sensitivity To:

Noise Touch Light Crowds Textures

Behaviors:

Sensory Seeking Vocal Stims Self-Injurious Lack of fear of danger Elopement

Eye Contact Avoidance Will run if chased

Does this individual have the ability to follow commands? _____

Dislikes of individual: _____

Favorite attractions or locations: _____

Favorite toys, objects, songs, movies, TV Shows, discussion of topics: _____

Additional information first responders may need: _____

Physician's Name: _____ Phone: _____

I, _____, give my full permission to the Watertown Police Department to retain this information, to be kept on file for the purposes of identification and the assistance relative to Autistic Child Identification efforts and related activities.

Signature

Date

