

Autism Elopement Alert Form

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In partnership with:

PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name						
	(First)	(M.I.)	(Last)		ATTACH	CURRENT
Address					PHOT	O HERE
	(Street)	(City)	(State)	Zip)		
Date of Birth	Age	Preferred Nam	ne			
Does the individual l	ive alone?				Date Submit	ted:
INDIVIDUAL'S PHYS	ICAL DESCRIPTIO	N				
Male	Female	Height:	Weight:	_ Eye color:	Hair c	olor:
Scars or other identi	fying marks:					
OTHER RELEVANT N	MEDICAL CONDIT	ONS IN ADDITION	TO AUTISM (CH	HECK ALL THAT A	PPLY):	
No sense of	danger	Blind	Deaf	_ Non-verbal	Intellect	tual disability
Prone to sei	zures	Cognitive impairm	ent	. Other, including s	pecific behavio	or challenges
If other, please expla	nin:					
Prescription medicat	tions needed:					
Sensory or dietary is	sues if any:					
sensory or dictary is	.sues, ii dily.					
Additional information	on first responder	s may need:				
EMERGENCY CONTA	ACT INFORMATIO	N				
Name of emergency	contact (parents/	guardians, head of h	nousehold/resid	ence, or care prov	iders):	
Emergency contact's	address:					
Emergency contact's	s phone numbers:	(Street)		(City)	(State)	Zip)
Home:		Work:		Cell phone: _		
Name of alternative	emergency contac	:t:				
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?):