



# Autism Safety Alert Form



Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Scars/Identifying Marks: \_\_\_\_\_  
\_\_\_\_\_

For all below Please Circle:

**Communication:**

- verbal
- non-verbal
- ASL
- pictures
- can write
- can read
- will repeat questions
- can answer yes/no questions
- scripting

**Sensitive To:**

- noise
- touch
- light
- crowds
- other: \_\_\_\_\_

**Avoidance/Dislikes:**

- eye contact
- being wet
- being dirty
- strangers
- clothes/shoes
- other: \_\_\_\_\_

**Atypical Behaviors:**

- speaks loudly
- self injury
- will run if chased
- vocal stimming
- high pitched noise
- little/no sense of danger
- sensory seeking
- other: \_\_\_\_\_

**Medical:**

- hearing impaired
- vision impaired
- seizures
- tics
- high pain tolerance
- other: \_\_\_\_\_

**Calming  
Methods:**

- calm/quiet voice
- noise cancelling headphones
- time alone
- food/candy
- ask why upset
- other: \_\_\_\_\_

**Emergency Contact Name & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_

**Please submit with recent photograph**