

Person With Autism		
Formal Name:		
Nickname:		
Address:		
DOB:	Sex/Gender:	Race:
Height:	Weight:	Hair: Eyes:
Other physical descriptors:		

Person Completing Form / Emergency Contact #1	
Name:	
Relationship to Person with Autism:	
Phone #:	
Emergency Contact #2	
Name:	
Relationship to Person with Autism:	
Phone #:	

Medical Needs, Allergies or Dietary Restrictions
Behaviors When Unhappy or Upset

Safe place person can be taken to:
Places person might be found:
Places person really likes to go:

LIKES

DISLIKES

ANY OTHER INFORMATION THAT MAY BE HELPFUL FOR FIRST RESPONDERS

Photograph, if available

Release of Information
<p>I hereby give my permission to University Circle Police to retain and distribute the information contained in this registration form to other First Responders, (including, but not limited to: Police, Fire, EMS, Rescue and Dispatchers) for the sole purpose of identification and protection of the person identified above, in the event of an emergency or crisis.</p>
Signature: _____
Today's Date: _____