



Autism Alert Information for First Responder

Parent or guardian should update this form annually



Name of Individual with Autism _____

Nickname(s) _____

Date of Birth _____ Sex: M F Height _____ Weight _____

Other Identifying Marks or Features _____

Identification Worn (clothing tags, tracking device, bracelet, etc.) _____

Medical Condition(s) _____

Medication or Food Allergies _____

Current Prescription Medication _____

Communication: Verbal Non-Verbal Explain: _____

Cognitive Ability/IQ High Average Low

Sensory Issues: Touch _____ Noise _____ Other (food, drink, etc.) _____

Fears or Triggers that may upset individual _____

Calming Methods (blanket, music, computer, favorite topics/interests etc.) _____

Does the Individual Wander? Yes No List Nearby Water Sources _____

Places of interest he/she may wander to _____

Parent or Guardian Name _____ Email _____

Phone: Cell _____ Home _____ Work _____

Address _____ City/State/Zip _____

Emergency Contact Name _____ Email _____

Phone: Cell _____ Home _____ Work _____

Address _____ City/State/Zip _____

Medical Provider Name _____ Phone _____

Medical Provider Name _____ Phone _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am the parent or legal guardian of _____
referenced above as a person at risk, have voluntarily provided the information listed above and hereby authorize the release of all such information for purposes of
identification of, or assistance to, the person at risk to any first responder, law enforcement personnel, dispatchers and/or employees of representatives of the City of
Tulsa and agree to indemnify then and hold them harmless from all liability for damages arising from the use of such information for the specified purposes