

**EMERGENCY RESPONSE INFORMATION FOR AN INDIVIDUAL  
WITH AUTISM SPECTRUM DISORDER  
OR OTHER DISABILITY &  
911 Data Entry Acknowledgement Form**

Photo of person:

Name of Child/Adult with autism spectrum disorder or other disability (list):

\_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_

Scars, tattoos, other identifiers:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Contact: \_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

Contact name and telephone in event of an emergency:

\_\_\_\_\_

Name and telephone of alternative person in case of emergency and parent/guardian cannot be reached:

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Can the individual communicate with speech? If not what are alternatives that can be used?

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Does the person understand receptive language (what is being said to him/her)? If not what will assist?

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Would the person be able to communicate his name, address, and telephone number in a high stress situation?

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Does the person engage in any unusual behaviors than might seem disrespectful or threatening (yelling, giggling, standing too close to people)? If so, please describe:

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In a high anxiety situation, how would this individual most likely communicate?

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Is this person prone to sensory overload?

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Circle what may result from sensory overload: seizure, panic, flight, fight, withdrawal, other (please describe):

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What might trigger what is circled above (i.e. dog bark, siren, touch)?

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What may assist in calming the person if they are upset or anxious?

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Does this person have any specific fascinations (tree climbing, water)? If so, please describe:

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Is this person threatened by anything (i.e.: sirens, lights, hats, uniforms)? If so, please describe:

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Does this person have an accurate sense of danger?

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Does this person have any other medical conditions? If so, please describe:

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What hand is dominant? \_\_\_\_\_ Left \_\_\_\_\_ Right

Who is your local Police Department?

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Please describe anything else that would be helpful to emergency personnel (Police, Fire, EMT) who may have to respond to your household and interact with this individual:

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**EMERGENCY RESPONSE INFORMATION FOR AN  
INDIVIDUAL WITH AUTISM SPECTRUM DISORDER  
OR OTHER DISABILITY**

**Acknowledgement Form**

I am voluntarily completing this form to allow the information to be used by emergency first responder agencies and personnel to assist the person named on this form. My relationship to them is: \_\_\_\_\_ and I am their legal guardian, or a legally chosen designee, and have the right to do so or I am the person registering myself.

I understand that this information will be kept confidential and will only be used by emergency personnel as has been agreed upon.

It is also my understanding that there may be instances where this information may not deter incidents from taking place. However I am supplying this information to assist the person named and those responding.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of person: \_\_\_\_\_

**For Department Use Only:**

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Name of person accepting forms: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Dispatcher completing entry: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

*This form was created for use by first responder personnel by L.E.A.N. On Us. Please visit [www.leanonus.org](http://www.leanonus.org) if your department would like to replicate or request a copy to insert local and or department specific information. Please do so with permission only. L.E.A.N On Us is not responsible for the use of this form or information.*