



First Name \_\_\_\_\_  
Last Name \_\_\_\_\_

Any nickname child may answer to \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ DOB    Male    Female

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

\_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Mother's Name/Cell # \_\_\_\_\_

Father's Name/ Cell # \_\_\_\_\_

Add. Emergency Contact #1 Name/ Cell # \_\_\_\_\_

Add. Emergency Contact #2 Name /Cell # \_\_\_\_\_

School Name & Address: \_\_\_\_\_

Will individual respond to his/her name? \_\_\_\_\_

Does the individual have a fear of K9s? \_\_\_\_\_

Individual's official diagnosis: \_\_\_\_\_

Child's identifying marks, medications (and dosage) & medical needs: \_\_\_\_\_

Please check those that apply:

Blind    Deaf    Non- Verbal    Intellectual Disabilities    Cognitive impairment    Prone to seizures

If other, please explain: \_\_\_\_\_

## Autism Safety Alert Form

This form provides communications and quick access to important information regarding your individual with Autism.

Please be sure to include any and all information that you believe can support Newington community in ensuring the safety of an individual with Autism in a crisis situation.

Insert recent photos  
of individual

Photo within a year

*Please check what applies to individual:*

**Communication Ability:**

Verbal      Non- Verbal      ASL.      AAC Device      PEC Cards      Has Written Ability      Scripts

Can Respond to Yes or No Questions      List best means of communication in stressful situation:

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**Sensitivity To:**

Noise      Touch      Light      Crowds      Textures

**Behaviors:**

Sensory Seeking      Vocal Stims      Self-Injurious      Lack of fear of danger      Elopement

Aggression      Eye Contact Avoidance      Will run if chased

Does this individual have the ability to follow commands? \_\_\_\_\_

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Dislikes of individual: \_\_\_\_\_

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Favorite attractions or locations: \_\_\_\_\_

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Favorite toys, objects, songs, movies, TV Shows, discussion of topics: \_\_\_\_\_

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Additional information first responders may need: \_\_\_\_\_

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I, \_\_\_\_\_, give my full permission to the Newington Police, Fire and EMS to retain this information, to be kept on file for the purposes of identification and the assistance relative to Autistic/Vulnerable Individual Identification efforts and related activities.

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Signature

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Date

