



Autism/Developmental Disabilities Registration Form For First Responders

Person's Name: _____ DOB: _____

Race: _____ Gender: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Scars/Birthmarks/Tattoos: _____

Home Address: _____

Home Phone: _____ Cell: _____

Primary Diagnosis: _____

Prone to Seizures? _____ Yes _____ No Level of Functioning: _____ High _____ Low

_____ Verbal _____ Non-Verbal

If non-verbal, mode of communication: _____

Will this person respond to name being called? _____ Yes _____ No

Medications: _____

Allergies to Medications: _____

Prior Wandering Incident? _____ Yes _____ No

If yes, where has this person been located before? _____

Closest water to residence: _____

List all lakes, ponds, streams, drainage ponds, etc., in the area: _____

Favorite hiding place at home: _____

Favorite place in neighborhood/community: _____

Sensory Issues: _____ Yes _____ No **Touch:** _____ Yes _____ No **Sounds:** _____ Yes _____ No

Bright Lights: _____ Yes _____ No **Eye Contact:** _____ Yes _____ No

Processing Delays: _____ Yes _____ No **Aggression:** _____ Yes _____ No

Stimming Behavior: _____

Fears: _____

Dislikes/Triggers: _____

Favorite Objects/Topics: _____

Pre-meltdown Signs: _____

Meltdown Behavior: _____

Calming Strategies: _____

Weapons in the Home? ____ Yes ____ No Weapons Secured? ____ Yes ____ No

Are restraints used by caretakers for safety? ____ Yes ____ No

Any other information you feel is pertinent to person at risk: _____

Emergency Contacts

1. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

I, _____, hereby give my permission for any first responder agency (including but not limited to: police, fire, rescue, EMS, 911 Dispatch Center, search and rescue personnel) to retain and distribute the information contained in this registration form to other first responder personnel for the sole purpose of identification and protection of the person identified above in an emergency or crisis situation.

Name of person/guardian completing form: _____

Signature: _____ Date: _____

Email Address: _____

Please email completed form to justinhopefoundation@gmail.com or mail to P.O. Box 13383, Reno, NV 89507. Please call (775) 453-9262 if you have any questions or need assistance.

*Portions for information on this form were taken from ASET (Autism Safety Education & Training). We are thankful for their contribution.