



## 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](mailto: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.