

Emergency Preparedness Caregiver Information



Caregiver Preparation Checklist

- I have assessed risks in my home and secured it as well as possible.
- I have submitted my Autism Emergency Contact Form to local first responders.
- I have built a relationship with local first responders.
- I have purchased an identification system that works for me.
- I have made relationships with trusted neighbors/a support system.
- I have a copy of emergency information and contacts in my home and know where it is.
- I have created sample emergency plans for common emergencies, and practiced them.
- I have taught my loved one to swim in both a lake and a pool.

Emergency Steps

Call 911 if your loved one is missing.

Determine likely locations (e.g. if individual is attracted to water) and ask 911 to dispatch to those areas.

Inform 911 and law enforcement that the individual has impairment, and specify the diagnosis.

Provide information about the individual's tracking or ID devices.

Inform emergency services of the time you noticed the individual was missing.

Describe the individual's appearance and what they were wearing/unique identifiers.

Have a current photograph on hand for searchers to reference.

Specify individual's level of communication and tips for interacting.

Specify any health considerations.

Request that an AMBER Alert be issued, or Endangered Missing Advisory.

**Complete and keep this page
for your records.**

ausm[®]
autism society of minnesota

**2380 Wycliff St. #102
St. Paul, MN 55114
651.647.1083
education@ausm.org**

www.ausm.org

Minnesota's First Autism Resource[®]

Individual with Autism Emergency Contact Form

PLACE
PHOTO
HERE

This information will be used in responding to emergencies at your residence. It may be relayed by emergency communications center staff electronically or by radio to police officers, fire fighters, paramedics, or other emergency personnel during an emergency.

Name of Individual with Autism: _____ Nickname: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____

Medical Conditions anxiety no sense of danger ADD/ADHD attraction to water
 depression GI issues food intolerances intellectual disability
 prone to seizures non-verbal cognitive impairment
 other (please specify) _____

Scars/Identifying Marks: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Alternate Phone: _____

Method of Communication: verbal sign language picture boards written word
 other (please specify) _____

Primary Language: _____ Suggested Accommodations: _____

Identification Worn: Jewelry/Medic Alert[®] clothing tags ID card tracking monitor
 VITALS other (please specify) _____

Current Prescriptions (include dosage): _____

Sensory/Medical/Dietary Issues (if any): _____

Support Animal Name (if applicable): _____

Inclination for wandering behaviors or characteristics that may attract attention: _____

Favorite attractions or location where individual may be found if missing: _____

Best interaction/calming techniques: _____

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Medical Care Provider Information

Name/Facility Name/Phone: _____

Name/Facility Name/Phone: _____

Name/Facility Name/Phone: _____

Dentist Information

Name/Facility Name/Phone: _____

Parent/Caregiver Information

Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Alternate Phone: _____

Other Contact Info: _____

Secondary Emergency Contact Information

Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Alternate Phone: _____

Other Contact Info: _____