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.
## Emergency Preparedness Caregiver Information

### Resources and Contacts

<table>
<thead>
<tr>
<th>Resource</th>
<th>Name (if applicable)</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Police</td>
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<tr>
<td>Fire</td>
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<tr>
<td>Dispatch</td>
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<td>911</td>
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<tr>
<td>Doctor</td>
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<tr>
<td>Preferred Hospital</td>
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<tr>
<td>Center for Missing and Exploited Children</td>
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<td>800.843.5678</td>
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<tr>
<td>Other</td>
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</tbody>
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**Notes:** Keep track of places individual has been found, where they have disappeared, and possible triggers.

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

- **ausm**
- **www.ausm.org**

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

**Minnesota’s First Autism Resource®**
Individual with Autism Emergency Contact Form

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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Minnesota’s First Autism Resource®
**Individual with Autism Emergency Contact Form**

*Medical Care Provider Information*

<table>
<thead>
<tr>
<th>Name/Facility Name/Phone:</th>
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*Dentist Information*

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<th>Name/Facility Name/Phone:</th>
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*Parent/Caregiver Information*

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*Other Contact Info:*

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*Secondary Emergency Contact Information*

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Complete and provide this page to your local emergency first responders.

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*autism society of minnesota*

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