



**Autism Society**  
of North Carolina

**VITAL INFORMATION FOR THE PRIMARY CAREGIVER**

This informational handout should be copied and carried with you at all times – at home, in your car, and in your purse or wallet. Circulate this handout to family members, trusted neighbors, friends, and co-workers, in case you become incapacitated or injured while caring for a person with autism at home or in the community. This information will also come in handy if you are in an area other than your neighborhood and are approached by the police.

If wandering is a concern, provide a copy of this for law enforcement, fire agencies and EMS. Ask your local 911 call center to “red flag” this information in their database. Dispatchers can alert patrol officers about your concerns before the officers arrive. When we provide police officers with key information before an incident occurs, we can expect better responses.

See next page for Information Record ————— ▶

# PERSONAL INFORMATION RECORD



Autism Society  
of North Carolina

Name of child or adult with autism: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Identifying marks or scars: \_\_\_\_\_  
Parent(s)/Guardian(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_  
Secondary phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

## ADDITIONAL CAREGIVER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_  
Secondary phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary phone number: \_\_\_\_\_  
Secondary phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**METHOD OF COMMUNICATION:** if nonverbal (e.g. sign language, picture boards, written word )  
\_\_\_\_\_

**ID ON PERSON:** (e.g. jewelry, clothing tags, printed card, or tracking device)  
\_\_\_\_\_

## MEDICAL CARE PROVIDERS:

Physician: \_\_\_\_\_  
Dentist: \_\_\_\_\_  
Other: \_\_\_\_\_

Current prescriptions, including dosage: \_\_\_\_\_  
\_\_\_\_\_

Sensory, medical, allergy, or dietary issues and requirements: \_\_\_\_\_  
\_\_\_\_\_

Inclination for wandering and any atypical behaviors or characteristics that might attract attention: \_\_\_\_\_  
\_\_\_\_\_

Favorite attractions and locations where person might be found: \_\_\_\_\_  
\_\_\_\_\_

Likes and dislikes, including approach and de-escalation techniques: \_\_\_\_\_  
\_\_\_\_\_



## Tips for On-Scene Caregivers and Emergency Personnel for the Care of Children and Adults with Autism

- Might NOT UNDERSTAND what you say, appear to be deaf, be unable to speak, or speak with difficulty.
- Might appear INSENSITIVE TO PAIN.
- Might DART AWAY from you unexpectedly.
- Might WANDER ANYWHERE AT ANY TIME. Wanderers are often attracted to water sources such as pools, ponds, and lakes. Drowning is a leading cause of death for a person with autism.
- Might become UPSET FOR NO APPARENT REASON.
- Might engage in SELF-STIMULATING BEHAVIORS such as hand flapping or rocking.
- Might NOT be able to make EYE CONTACT.

**Check with the local 911 center to see whether the affected person is "red-flagged" in the database.**

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

