Autism Bio Form

A registry to assist persons at risk

Complete form, affix photograph and return to:
Your local fire and police departments.

*Name:*_____

Last **First**

Personal Description:

Date of Birth _____
Race_____ Sex_____
Height _____
Weight _____
Hair Color _____
Eye Color _____
Scars or Birthmarks_____
Glasses: Yes or No
Diagnosis_____
Allergies_____
Medications:_____
_____
_____

Affix Recent Photo Here

Verbal_____ Non-Verbal_____

If non-verbal, preferable mode of communication:
_____
_____

Emergency Contacts: **At Home**: Name_____ Relationship _____
Address_____ Phone Number:_____ or _____

Emergency Contacts: **At School**: Name_____ Relationship_____
Address_____ Phone Number:_____ or _____

Emergency Contacts: **Other:** Name_____ Relationship_____
Address_____ Phone Number:_____ or_____

Release

I,_____Give my permission to the town of _____
To retain and distribute this information to first response personnel for the sole purpose of identification and assistance to the person at risk.

Print Name:_____Signature_____

Date:_____

If there is any additional information needed, please contact:
The Autism Alliance of MetroWest. A program of ***Advocates, Inc. at 508-652-9900***

Please attach a separate page with important information that will help identify the risk or assist personnel to communicate, understand, care for, and maintain the safety of this person.