



Madison Heights Autism and Vulnerable Citizen Emergency Contact Form

Insert Current Photo

Name:		DOB:	Date Completed:		
Address, City & Zip Code:					
Medical Diagnosis:					
Gender:	Race:	Height:	Weight:	Hair Color:	Eye Color:
<u>EMERGENCY CONTACT INFORMATION:</u>					
Parent/Guardian Name:		Telephone:			
Parent/Guardian Name:		Telephone:			
School/Employer/Other:		Staff Contact Name:			
Address, City, State, & Zip code:		Phone:			
Identifying Marks/Scars:					
Allergies:					
Medication:					
Important information for responders—key phrases or items that may help in a situation. i.e. Cannot be left alone:					
Sensory or dietary issues, if any:		Communication Methods-verbal, Sign Language, Visuals, Software:			
Behaviors that may be exhibited—i.e. runner, eat non-edible items, head butts, etc:					
<u>Emergency Contact:</u>					
1. Name:		Telephone:		Relationship:	
2. Name:		Telephone:		Relationship:	
3. Name:		Telephone:		Relationship:	
Favorite attractions or locations where they may be found:					
Identification Information (does the individual carry or wear: jewelry, tags, I.D. card, or medical alert bracelet)?					
Tracking information: Project Lifesaver or Lojack SafetyNet Transmitter:					
Other:					
Name of person completing form:			Signature:		
Premise Info entered:		YES NO	By:		Fingerprinted: Yes No