



# AUTISM SAFETY ALERT FORM



Please download this form & complete the information below.  
Once completed, please email the form as well as a recent  
photograph to: [galliacosheriff@gmail.com](mailto:galliacosheriff@gmail.com)

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Nickname: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars/Identifying Marks: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Please check all that apply:

### ★ Communication

- verbal
- non-verbal
- ASL
- can write
- will repeat questions
- can answer yes/no questions
- can read

### ★ Sensitive to

- noise
- light
- touch
- crowds
- Other: \_\_\_\_\_

### ★ Avoidance/Dislikes

- eye contact
- being wet
- being dirty
- strangers
- men
- women
- other: \_\_\_\_\_

### ★ Calming Methods

- calm/quiet voice
- noise canceling headphones
- time alone
- food/candy
- soft items
- other: \_\_\_\_\_

### ★ Atypical Behaviors

- speaks loudly
- self injury
- will run if chased
- vocal stimming
- high pitched noise
- little/no sense of danger
- sensory seeking
- other: \_\_\_\_\_

### ★ Medical

- hearing impaired
- vision impaired
- seizures
- tics
- high pain tolerance
- other: \_\_\_\_\_

Additional Notes / Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_