



Madison Heights Autism and Vulnerable Citizen Emergency Contact Form



Name:	DOB:	Date Completed:
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Address, City & Zip Code:

Medical Diagnosis:

Gender:	Race:	Height:	Weight:	Hair Color:	Eye Color:
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EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name:	Telephone:
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Parent/Guardian Name:	Telephone:
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School/Employer/Other:	Staff Contact Name:
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Address, City, State, & Zip code:	Phone:
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Identifying Marks/Scars:

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Allergies:

Medication:

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Important information for responders—key phrases or items that may help in a situation. i.e. Cannot be left alone:
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Sensory or dietary issues, if any:	Communication Methods-verbal, Sign Language, Visuals, Software:
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Behaviors that may be exhibited—i.e. runner, eat non-edible items, head butts, etc:

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Emergency Contact:

1. Name:	Telephone:	Relationship:	Name:
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2. Name:	Telephone:	Relationship:
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3. Name:	Telephone:	Relationship:
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Favorite attractions or locations where they may be found:
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Identification Information (does the individual carry or wear: jewelry, tags, I.D. card, or medical alert bracelet)?
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Tracking information: Project Lifesaver or Lojack SafetyNet Transmitter:
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Other:

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Name of person completing form:	Signature:
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Premise Info entered: YES NO	By:	Fingerprinted: Yes No
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