Autism Emergency Binder

Peace Love Stim Inc 501c3

Contents

ID page for first responders Emergency

Contacts

Medical information and allergies

Communication and sensory profiles

Safety and elopement plan

Safe foods

school/work

This binder belongs to _____

Last updated _____

ID of Autistic Person

Most Recent Photo

Full name _____

Goes by _____

Date of birth _____

Height _____

Weight _____

Hair _____

Eyes _____

Diagnosis _____

IMPORTANT SENSORY INFORMATION AT A GLANCE:

_____

_____

_____

_____

_____

_____

FOUNDED BY A PERSON WITH AUTISM FOR THOSE WITH AUTISM
Peace Love Stim
501(c)3

Emergency Contacts

CALL IN THE ORDER OF THE LIST

Call 1

Name _____ **Relationship** _____

Cell _____ **Alternate** _____

Call 2

Name _____ **Relationship** _____

Cell _____ **Alternate** _____

Call 3

Name _____ **Relationship** _____

Cell _____ **Alternate** _____

Doctor / clinic

Doctor _____ **Phone** _____

Clinic or ~~hospital~~ _____

Other important contacts

Medical Information

Current medications including supplements

Medication	Dose	When	For

ALLERGIES AND Reactions

Conditions to know about

☐ Seizures ☐ Asthma ☐ Heart ☐ GI issues ☐ Sleep ☐ Other

Insurance Information

Insurance _____ Member ID _____

POLICY # _____ EXP DATE: _____

Communication

Communicates BEST by :

☐ Speaking ☐ AAC device ☐ Sign language ☐ Gestures ☐ Pictures ☐ Other

How best to communicate with them

Words and phrases they use

What makes communication harder

Sensory Profile

Can be overwhelming

Best ways to calm

Sensory Tools That Can Help!

Safety and Elopement

what to do when the person elopes or shutsdowns

May leave - hide - or go non verbal if normally verbal when

Likely places to go

Water is the leading danger in autism elopement. Name the nearest water and search it FIRST.



Search water first if drawn to it, then favorite places

Do not chase or shout; approach calmly

Do not yell at the person

Do not touch the person unless needed

Allow them to come to you if you can

Call 911 and say the person is autistic and may not respond to their name

Safe Foods

Offer food from the safe list; never force the refused list.

Safe foods	Will refuse

Feeding Habits

how the person eats or is most comfortable eating

School -Work-Therapies

School or work _____ Teacher/ Boss _____

Phone _____ Email _____

Therapies and services

service	Provider	Phone	Day and time

What helps them through the day