



EMERGENCY PACKET

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FAMILY EMERGENCY PLAN

Before an emergency happens sit down together and decide how you will be in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your car, at home and give a copy to all those who care for your child, such as school and day care providers. Take it with you when you travel.

CRITICAL INFORMATION

Tracking Device Information: _____

Individual's official diagnosis: _____

Individual's identifying marks, behaviors, medications and medical needs:

EMERGENCY STEPS

- ✓ Always call 911 immediately if your loved one is missing from your home
- ✓ If the individual is attracted to water, search nearby water hazards first
- ✓ Clearly state the individual's name for the 911 dispatcher
- ✓ State that they have a cognitive impairment, provide the diagnosis, state they are endangered and have no sense of danger
- ✓ Provide information about the individual's tracking device - type and number
- ✓ Tell them to immediately dispatch personnel to nearby water sources (lakes, ponds, pools) if individual is attracted to water
- ✓ Tell them when you noticed the individual was missing, what clothing he or she was wearing
- ✓ Request that an AMBER Alert be issued, or Endangered Missing Advisory

TIP: Create an emergency point person who can contact neighbors, fax your alert form to local law enforcement and assist in making arrangements.

Should your loved one go missing, make sure this contact person has a cell phone, knows what the individual is wearing, any identifying features, where they were last seen, how long they may have been gone, any medical needs or allergies the individual may have, the individual's likes and dislikes and main attractions. Provide your emergency contact with a copy of this plan.

Emergency Contact Name: _____

Emergency Contact Phone: _____

TIP: List the main places the individual may likely go within the neighborhood, as well as the most dangerous areas nearby. Search these areas first. If you have assigned searchers ahead of time, make sure they know which location is assigned to them.

LOCATION NAME	DESCRIPTION
1	
2	
3	
4	
5	

TIP: Before an emergency happens, assign at least **five** willing searchers who will commit to searching for your child in the event of an emergency. Make sure they would be immediately available, willing and understand which search location is assigned to them.

NAME	NUMBER	ASSIGNED LOCATION

NOTE: It is always a good idea to think about how you would adapt this plan to have helpers when you are traveling.

OTHER NUMBERS

Law enforcement fax numbers (in case they don't have your loved ones' alert form)

PREFERRED CAREGIVER

This individual is the person who will care for your loved one if you are unable to do so. Make sure they are local and available during emergencies.

Name
Phone
Address

CAREGIVER LOG

CAREGIVER NAME: _____ DATE: _____

CHILD/WARD'S NAME: _____

RESOURCES and CONTACTS - specific to your town			
Police			
Fire			
Dispatch		911	
Your Doctor			
Preferred Hospital			
Other			
Center for Missing and Exploited Children			800.843.5678

NOTES: record places individual has been found and places from which they have gone missing and triggers

AUTISM ALERT FORM

Person-Specific Information for First Responders

DATE submitted _____

Individual's Full Name:

Address:

Date of Birth:

Preferred Name:

Does the individual live alone?

Attach current photo here

Physical description:

___ Male ___ Female Height _____ Weight _____ Eye color _____ Hair color _____

Scars or other identifying marks: _____

Other relevant medical conditions in addition to autism (check all that apply)

___ No Sense of Danger ___ Blind ___ Deaf ___ Non-Verbal ___ Mental Retardation

___ Attracted to Water ___ Prone to Seizures ___ Cognitive Impairment ___ Other

If Other, please explain: _____

Prescription Medications Needed:

Sensory or Dietary Issues, if any:

Calming Methods, and any additional information responders may need:

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Emergency Contact Information (parents/guardians, head of residence or care providers)

Name

Phone I

Phone II

Address

Name of Alternate

Phone I of Alternate

Phone II of Alternate

Address

INFORMATION SPECIFIC TO THE INDIVIDUAL

Atypical behaviors or characteristics of the individual that may attract the attention of responders:

Individual's favorite toys, objects, music, discussion topics, likes or dislikes:

Methods of preferred communication. (If nonverbal: Sign language, picture boards, written words, assistive technologies, etc.)

Identification information (i.e. do they wear tags, ID card, medical alert bracelet, etc.?)

Tracking Information: (list type of device, tracking number if applicable)

Nearby water sources and favorite attractions or locations where the individual may be found:

CAREGIVER CHECKLIST

I have secured my home (or my ward's home) based on my loved-one's known risk level

I have looked into tracking devices and found the best fit for my family

I have alerted my trusted neighbors

I have built a relationship with my local first responders

I have a wearable ID for my loved-one that includes emergency contact info

I have completed my family's emergency plan

I have submitted our Autism Alert Form to all first responders and given copies to our emergency contact and all care providers

I have given copies of our emergency packs to schools, group homes and all care providers

I have a copy of our emergency packet in our home and all family vehicles

I have an extra copy of our emergency pack to take with us when we travel

I have addressed adapting our emergency plan for travel and alternate care providers such as summer camps, etc.
