



Elevate Autism, Inc.
www.elevateautism.net

770.865.6082

AUTISM SAFETY INTAKE SHEET

Contact Person:

Name _____ Relationship _____

Address _____ Phone _____

Email Address: _____

*Periodically, our office will contact you to determine if the information provided is still accurate or for updates.

Person(s) with Autism

How many Autistic persons in family: _____

Name(s) _____

Gender(s) _____ DOB _____

Race _____ Hair _____ Eyes _____

Height _____ Weight _____ Phone _____

Address (if different from requester) _____

Behaviors during high stress situations _____

Feel free to include a photo or any issued ID to identify the individual

Does this individual show any of these common reactions to stress or being scared:

YES NO

Runner ☐ ☐ explanation _____

Shutdown ☐ ☐ explanation _____



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	YES	NO	
Act like a Movie or character	☐	☐	explanation _____
Avoid eye Contact	☐	☐	explanation _____
Harm Themselves (biting, hitting, headbanging, etc)	☐	☐	explanation _____
Show extreme Emotions	☐	☐	explanation _____
Dislike or React bad to Touch	☐	☐	explanation _____
React to Flashing lights, Sirens and loud Noises	☐	☐	explanation _____

Please list any other details you would like for a first responder to know or show when in contact with this individual:

This form was created by Mandy J. Beavers with Elevate Autism, Inc. Please fill out and return to Mandy @ mandy@elevateautism.net or directly to the Bartow Co. 911 Major, Jessica Pruett @ jessicapruett@bartow.org

THIS FORM WILL BE USED ONLY FOR THE PURPOSE OF NOTIFYING BARTOW COUNTY 911 OFFICE OF YOUR CHILD AND WILL NOT BE SHARED BEYOND THAT PURPOSE.