

Autism Identification Information Sheet

First Name

Last Name

Address

DOB

Height

Weight

Hair Color

Eye Color

Telephone Number

Mother's Name

Cell Number

Father's Name

Cell Number

Other Contact

Cell Number

Relation

Favorite Superhero

Favorite Food

Nickname that child/person likes to be called

Favorite Places to visit

Favorite TV shows

Favorite Sports/Teams

Favorite Band/Song

Favorite places around town

Favorite Animal(s)

Favorite Game

Favorite Hiding Spot

I, _____, give my permission to the Seekonk Public Safety Communications Department to retain this information and be kept on file for the purpose of identification and the assistance with an autistic child/adult.