



AUTISTIC OCCUPANT IN VEHICLE

IN CASE OF EMERGENCY INFORMATION

NAME: _____

AGE: _____

SCHOOL: _____

**CONTACT PERSONS IN CASE
OF EMERGENCY:**

NAME AND RELATIONSHIP

CONTACT NUMBER

NAME AND RELATIONSHIP

CONTACT NUMBER

- ***MAY RESIST OR REFUSE HELP***
- ***MAY HAVE UNPREDICTABLE BEHAVIOR***
- ***MAY SHOW AGGRESSIVE BEHAVIOR***
- ***MAY BE NON-COMPLIANT***
- ***MAY BE NON COMMUNICATIVE***
- ***MAY BE UNAWARE OF DANGER***
- ***MAY COMMUNICATE WITH DEVICE***
- ***MAY COMMUNICATE WITH SIGN LANGUAGE***

