AUTISM EMERGENCY BINDER

Child's Name: _____

PHOTO HERE

EMERGENCY CONTACTS

MEDICAL INFORMATION

COMMUNICATION PROFILE

SENSORY NEEDS

SAFETY INFORMATION

Important information
to help keep
my child **safe**
in an **emergency**.

Every child is unique. Every minute matters.

CHILD INFORMATION

PHOTO HERE

Child's Full Name: _____

Date of Birth: _____ / /

Height: _____ ft. _____ in.

Weight: _____ lbs.

Hair Color: _____

Eye Color: _____

Diagnosis / Condition: _____

_____

ADDITIONAL INFORMATION

_____

_____

_____

_____

IMPORTANT:

This information is important to help keep my child safe and ensure the best support in an emergency.

COMMUNICATION PROFILE

Understanding how my child communicates helps others support them in the best way possible.

MY CHILD'S COMMUNICATION STYLE (Check all that apply)

- ☐ Verbal / Speaks
- ☐ Nonverbal
- ☐ Uses an AAC Device
- ☐ Uses Gestures
- ☐ Uses Sign Language
- ☐ Other: _____

BEST WAYS TO COMMUNICATE WITH MY CHILD

- _____
- _____
- _____
- _____
- _____

WORDS / PHRASES MY CHILD USES

- _____
- _____
- _____
- _____

THINGS MY CHILD UNDERSTANDS

- _____
- _____
- _____
- _____

THINGS THAT HELP MY CHILD COMMUNICATE

- _____
- _____
- _____
- _____

THINGS TO AVOID (What makes communication difficult)

- _____
- _____
- _____

Be patient. Give time. Celebrate every attempt to communicate.

EMERGENCY CONTACTS

People I trust to help my child in an emergency.
Please contact in the order listed.

PARENTS / GUARDIANS

Name: _____
Relationship: _____
Phone (Cell): _____
Phone (Work): _____
Email: _____

Name: _____
Relationship: _____
Phone (Cell): _____
Phone (Work): _____
Email: _____

FAMILY / RELATIVES

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

DOCTORS

Doctor's Name: _____
Phone: _____
Clinic / Hospital: _____

Doctor's Name: _____
Phone: _____
Clinic / Hospital: _____

THERAPISTS / SERVICE PROVIDERS

Provider: _____
Service: _____
Phone: _____

Provider: _____
Service: _____
Phone: _____

OTHER IMPORTANT CONTACTS

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

Thank you for helping keep my child safe.
Your support means the world to us.

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MEDICAL INFORMATION

This information is important for my child's health and safety.
Please share in an emergency.

MEDICATIONS

List all current medications.

Medication Name	Dosage	How Often	Reason

Other important medication notes:

_____

_____

ALLERGIES

List all allergies (food, medication, environmental, etc.).

- _____
- _____
- _____
- _____
- _____

Reaction: _____

_____

HEALTH INSURANCE

Insurance Company: _____

Policy Number: _____

Group Number: _____

Member ID: _____

Policy Holder: _____

Policy Holder Date of Birth: _____ / _____ / _____

PEDIATRICIAN

Doctor's Name: _____

Phone Number: _____

Clinic / Practice: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

MEDICAL HISTORY

Check all that apply and add any details.

- ☐ Seizures
- ☐ Asthma
- ☐ Heart Condition
- ☐ GI Issues
- ☐ Sleep Issues
- ☐ Immune Disorder
- ☐ Other: _____
- ☐ Other: _____

Other medical history details: _____

_____

_____

IMPORTANT NOTES

Any other medical information, past surgeries, hospitalizations, or important notes.

_____

_____

_____

_____

In case of emergency, every detail matters.
Thank you for helping keep my child safe.

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SAFETY & ELOPEMENT

Helping keep my child safe every day, everywhere.

TRIGGERS

Things that may cause stress or lead to elopement:

- _____
- _____
- _____
- _____
- _____
- _____

CALMING STRATEGIES

Things that help my child stay calm and safe:

- _____
- _____
- _____
- _____
- _____
- _____

FAVORITE PLACES TO GO / HIDE

Places my child may go if they elope:

- _____
- _____
- _____
- _____

SAFETY CONCERNS

Important safety information others should know:

- _____
- _____
- _____
- _____

WHAT TO DO IF MY CHILD ELOPES

- Stay calm. _____
- ☐ Do not chase. _____
- ☐ Call their name gently. _____
- ☐ Check favorite places. _____
- ☐ Call 911 if needed. _____
- ☐ Other important steps: _____

_____

Preparation today can protect your child tomorrow.

YOU ARE THEIR SAFETY. YOU ARE THEIR VOICE.

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SENSORY PROFILE

Understanding my child's sensory needs helps them feel safe, calm, and supported.

THINGS I LIKE

Sensory input that helps me feel good:

- _____
- _____
- _____
- _____
- _____

THINGS I DISLIKE

Sensory input that can be difficult or overwhelming:

- _____
- _____
- _____
- _____
- _____

SENSORY INPUT

SOUNDS

Examples:

- _____
- _____
- _____
- _____
- _____

TOUCH / TEXTURES

Examples:

- _____
- _____
- _____
- _____
- _____

SIGHTS

Examples:

- _____
- _____
- _____
- _____
- _____

SMELLS

Examples:

- _____
- _____
- _____
- _____
- _____

TASTES

Examples:

- _____
- _____
- _____
- _____
- _____

SENSORY TOOLS / STRATEGIES

Things that help me stay calm and regulated:

- _____
- _____
- _____
- _____
- _____

HELPFUL ENVIRONMENTS

Places that help me feel safe and comfortable:

- _____
- _____
- _____
- _____
- _____

Every child's sensory needs are unique.
With understanding comes connection.

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SAFE FOODS LIST

Food is important for my child's health, comfort, and safety. Please use this list to help.

FAVORITE / SAFE FOODS

Foods my child enjoys and eats regularly.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

★ *These foods are usually accepted and safe.*

FOODS REFUSED / AVOIDED

Foods my child does not eat or refuses.

- ✕ _____
- ✕ _____
- ✕ _____
- ✕ _____
- ✕ _____
- ✕ _____
- ✕ _____

★ *Please do not offer these foods.*

ALLERGIES

My child has allergies to:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Other: _____

Allergic reactions can be serious. Please avoid these at all times.

FEEDING NOTES

Important information about how my child eats.

- Uses utensils: _____
- Needs help eating: _____
- Eats slowly / quickly: _____
- Texture preferences: _____
- _____
- Drinks from: _____
- Needs reminders to eat: _____
- Special seating / positioning: _____
- _____

Be patient and supportive. It helps me feel safe.

SAFE SNACKS & DRINKS

Snacks and drinks that are safe and preferred.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Stay hydrated! Water is always a great choice.

Every child is unique. Respecting their food needs helps them feel safe, healthy, and understood.

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SCHOOL & THERAPIES

Working together to support my child's growth, learning, and well-being.

SCHOOL INFORMATION

School Name: _____

Address: _____

_____

Phone: _____

Teacher / Main Contact: _____

Email: _____

Best time to reach: _____

IMPORTANT INFORMATION FOR SCHOOL

- _____
- _____
- _____
- _____
- _____
- _____

THERAPIES & SERVICES

Type of Therapy / Service	Provider / Organization	Contact / Phone	Day & Time	Location

THERAPY GOALS

Current goals we are working on:

1. _____
2. _____
3. _____
4. _____
5. _____

Consistency and collaboration help my child thrive.

WHAT HELPS ME SUCCEED

Things that help me learn and do my best:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Thank you for supporting me in every way I need!

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COMMUNICATION & CONNECTION

Open and positive communication helps me feel heard, understood, and supported.

MY CHILD COMMUNICATES BEST BY:

- ☐ Talking
- ☐ Pictures / Visuals
- ☐ Sign Language
- ☐ Device / AAC
- ☐ Other: _____

Things that help me communicate clearly:

- _____
- _____
- _____
- _____

IMPORTANT PEOPLE IN MY CHILD'S LIFE

Name	Relationship	Phone / Email

THINGS THAT HELP MY CHILD FEEL CONNECTED

- _____
- _____
- _____
- _____
- _____

Connection helps my child feel loved and secure.

HOW TO SUPPORT COMMUNICATION WITH MY CHILD

- _____
- _____
- _____
- _____
- _____

WHAT MY CHILD LIKES TO TALK ABOUT

- _____
- _____
- _____
- _____
- _____

These topics make conversations enjoyable and meaningful.

OTHER IMPORTANT NOTES

_____

_____

_____

_____

_____

_____

LET'S CHECK IN!

It's important to review and update this information.

Last reviewed on: _____ (Date)

Next review date: _____ (Date)

We grow and change over time.
Keep talking. Keep listening. Keep connecting.

Strong communication builds strong relationships.
I am here for my child—today, tomorrow, and always.

EMERGENCY & SUPPORT PLAN

Being prepared helps keep my child safe.
Together, we can handle anything.

EMERGENCY CONTACTS

Name	Relationship	Phone Number

IN CASE OF EMERGENCY

- If I am not available, my child can go to: _____
- Address: _____
- Phone: _____
- Alternate plan: _____

_____

SAFETY PLAN

Steps we will take to keep my child safe:

1. _____
2. _____
3. _____
4. _____
5. _____

POTENTIAL EMERGENCIES

Situations we may prepare for:

- _____
- _____
- _____
- _____
- _____

IMPORTANT INFORMATION ABOUT MY CHILD

- Medical conditions: _____
- Medications: _____
- Doctor / Specialist: _____ Phone: _____
- Allergies: _____
- Other important notes: _____

_____

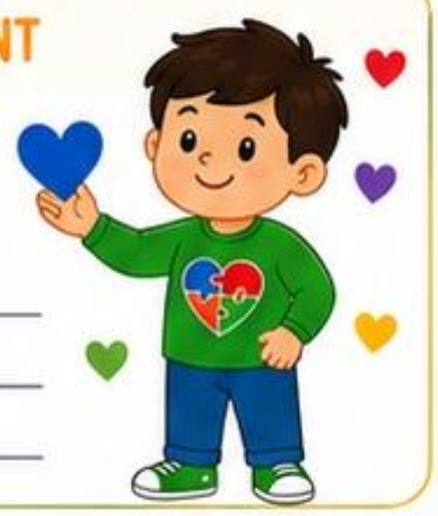
PEOPLE / PLACES THAT CAN HELP

Name / Place	How They Can Help

WORDS OF ENCOURAGEMENT

Positive words that remind my child they are strong, brave, and loved:

- _____
- _____
- _____
- _____



A good plan brings peace of mind.
Together, we keep my child safe and supported.

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SUMMARY & NEXT STEPS

We've learned a lot about my child's needs and how to support them. Let's keep growing together!

KEY TAKEAWAYS

The most important things I've learned about my child are:

- _____
- _____
- _____
- _____
- _____

STRENGTHS TO CELEBRATE

Things I am proud of about my child:

- _____
- _____
- _____
- _____
- _____

MY NEXT STEPS

Action steps I will take to continue supporting my child:

What I Will Do	Why It's Important	When I Will Do It	Who Can Help

MY REFLECTION

How I feel about my child's growth and our journey together:

- _____
- _____
- _____

Every small step forward is progress!

QUESTIONS I STILL HAVE

Things I would like to learn more about or need help with:

- ? _____
- ? _____
- ? _____
- ? _____

THANK YOU!

Thank you to everyone who supports my child!
You make a difference every day.

My Family | My Teachers & Therapists | My Support Team | My Community

I appreciate your care, patience, and support.

MY COMMITMENT

I will continue to:

- _____
- _____
- _____
- _____

I am my child's biggest advocate.
I will keep showing up, learning, and growing.

Together, we can help my child reach their full potential and shine!