

My name is _____

I have autism spectrum disorder.

Please contact _____

by phone at _____

He or she will provide confirmation about my diagnosis,
describe my specific needs, and respond in case of emergency.

■ See reverse side of this card for additional information. ■

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www.childrens-specialized.org/kohlsautismawareness

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**As a person
with autism,
I may...**

**Be aware.
Be safe.**

- be unresponsive to pain or extreme temperatures
- not recognize dangerous situations
- respond unpredictably, run away, hide, or wander
- not respond to instructions or questions, or may need extra time to respond
- not be able to communicate as expected or have difficulty conveying my needs
- get bothered by sounds, lights, or crowds
- get overwhelmed or anxious
- avoid eye contact
- exhibit repetitive behaviors or language