



Providing Information to 911 Dispatch Centers

www.childrens-specialized.org/KohlsAutismAwareness

Providing medical and functional information about a person with ASD to the local 911 dispatch center will enable a dispatcher to alert police, firefighters, EMTs, and paramedics so they could be more prepared when responding to an emergency.

When contacting your local 911 dispatch center to provide this information, *do not call 911*. Ask a representative from your municipal center or your local library to determine what agency in your area receives and dispatches emergency calls from your home. You can then contact them to make an appointment to establish a "911 Identifier" which lists critical information that would prepare emergency responders during a response and rescue in or near your home or apartment. The information remains confidential and is used only with those involved in responding to a 911 call involving your home or apartment.

This information should be given only by the individual, parent, or legal guardian. Submitting this information – in full or in part – is completely voluntary. However, it will help responders to identify, interact with, and/or rescue the person in an emergency. When submitting this information, you may be asked for identification and/or proof of guardianship and residence. You may be asked to sign a form acknowledging that the information is accurate and not meant to purposefully mislead emergency agencies.

You can use the back of this page to collect and submit this information. Be sure to notify the dispatch center when there are important changes to the person's condition, needs, or contact information.

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For more information about this program email:
KohlsAutismAwareness@childrens-specialized.org

Individual Diagnosed with Autism Spectrum Disorder: 911 Dispatch Information

– Confidential Information: For Emergency Response Use Only –

Person's name: _____ Gender: M F D.O.B: _____

Land-line telephone number at this person's residence: (_____) _____ - _____

Physical description: _____

Responds to (nickname, sounds, favorite item, etc.): _____

Check and explain those that apply:

Medical / Functional Challenge	Details / Explanation
<input type="checkbox"/> avoids eye contact with others	▶
<input type="checkbox"/> cognitively impaired	▶
<input type="checkbox"/> difficulty expressing or recalling information	▶
<input type="checkbox"/> does not respond to instruction or commands	▶
<input type="checkbox"/> fine motor difficulties	▶
<input type="checkbox"/> hearing impaired	▶
<input type="checkbox"/> hyper- or hypo- sensitive to lights, sounds, pain, smells, touch, other	▶
<input type="checkbox"/> issues with balance; clumsiness	▶
<input type="checkbox"/> lacks understanding of danger	▶
<input type="checkbox"/> mobility impaired	▶
<input type="checkbox"/> no functional method of communication	▶
<input type="checkbox"/> non-responsive or avoids people with uniforms or badges	▶
<input type="checkbox"/> potential for seizures	▶
<input type="checkbox"/> problem feeding issues (swallowing difficulties, food shoving, etc.)	▶
<input type="checkbox"/> reacts when touched	▶
<input type="checkbox"/> repeats words or phrases	▶
<input type="checkbox"/> screams; makes loud sounds	▶
<input type="checkbox"/> self-injurious behaviors	▶
<input type="checkbox"/> stares into space	▶
<input type="checkbox"/> tendency for aggression	▶
<input type="checkbox"/> tendency to make sudden movements	▶
<input type="checkbox"/> tendency to run away; wander	▶
<input type="checkbox"/> unaware of being lost	▶
<input type="checkbox"/> uses alternate method of communication	▶
<input type="checkbox"/> uses alternative communication device	▶
<input type="checkbox"/> visually impaired	▶
<input type="checkbox"/> other medical issues	▶

What area(s) of the home or apartment dwelling does the person spend the most time ? _____

What place(s) does this person go to where he or she feels most safe or comfortable? _____

List any types of window guards, security bars, additional locks, special gates, or other protective devices that may be a challenge for emergency responders? _____

Does this person know how to swim ? Y N

What type of identification or personal tracking device is used for this person?
(e.g. medical ID, bracelet, rapid Search & Rescue response program) _____