

Directions: Print this page out, cut along the dotted line, and fold where indicated.

“SAFE IN THE COMMUNITY”
AUTISM SPECTRUM DISORDER
SAFE IDENTIFICATION CARD

(name of person with autism)



Autism Society
of NORTH CAROLINA

FOLD |

| FOLD

Primary phone number:

Name:

EMERGENCY CONTACT

Primary phone number:

Address:

Parent(s)/Guardian(s) Name:

Height: Weight: Eye Color: Hair Color:

Nickname, if any: Age:

Name: