



# City of Miramichi

## AUTISM REGISTRY



Complete form, affix photograph and return to:  
Autism Resources Miramichi Inc.  
139 Duke St. Miramichi, NB  
E1N 1H6

**LAST NAME:** \_\_\_\_\_  
**FIRST NAME:** \_\_\_\_\_  
**MIDDLE NAME:** \_\_\_\_\_

### Personal Description:

Date of Birth: \_\_\_\_\_

Sex:            Male            Female

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

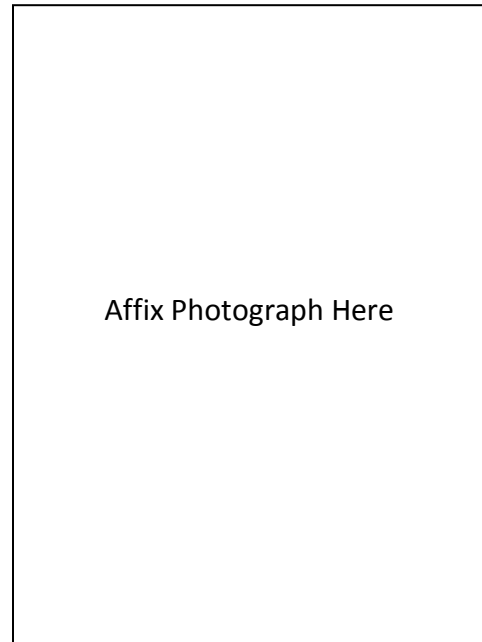
Eye Color: \_\_\_\_\_

Scars or Birthmarks: (please indicate location)  
\_\_\_\_\_  
\_\_\_\_\_

Glasses:    Yes            No

Contacts    Yes            No

Diagnosis: \_\_\_\_\_



Type of Medical Alert ID if worn: \_\_\_\_\_

Location of ID: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Verbal            Non Verbal

If non-verbal, please indicate the preferable mode of communication: \_\_\_\_\_

## Address Information and Emergency Contacts

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Teacher's Name(s): \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Release

I, \_\_\_\_\_ give my permission to Autism Resources Miramichi Inc. and the Miramichi Police Force to retain and distribute this information to first response personnel for the sole purpose of identification and assistance to the person at risk.

I give my permission to have my name flagged as a parent/caregiver of an individual with an Autism Spectrum Disorder.

Print Name \_\_\_\_\_

Relationship to registered \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Other Important Information

Is your child able to communicate with speech?

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Does your child understand receptive language? (what is being said to him/her)

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If not, please describe his/her method of communication:

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Would your child be able to communicate his name, address, and telephone number in a high stress situation?

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Does your child engage in any unusual behaviors than might seem disrespectful or threatening? (i.e. yelling, giggling, standing too close to people) If so, please describe:

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Is your child prone to sensory overload?

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Circle which responses may result from sensory overload: Seizure, panic, flight, fight, withdrawal, other. Please describe:

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What might trigger what is circled above? (i.e. dog bark, siren, touch)

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Does your child have any specific fascinations? (i.e. water, tree climbing, trains) If so, please describe:

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Is there a favorite place that your child may go to if wandering?

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Is your child threatened by any physical traits? (i.e. whiskers, hats, uniforms) If so, please describe:

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Does you child have an accurate sense of danger?

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