

 **I HAVE AUTISM** 
MY NAME IS _____

**Please be patient with me.
Loud noises may bother me.
I may not like to be touched.
Use a calm and direct voice.
I may not be verbal and may need
pictures to communicate.
I may not respond to verbal commands.
Please keep verbal commands simple.**

MY CONTACT INFORMATION

ADDRESS _____

PHONE _____

EMERGENCY CONTACTS

NAME/RELATIONSHIP _____

PHONE _____

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pennsylvania
STATE POLICE

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