



# I'M AUTISTIC



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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