



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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PHONE _____



Pennsylvania
State Police



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