

[Sample information slip for carrying]

DISABLED CHILD - PLEASE HELP ME

My name is _____.

I have AUTISM. This is a brain disorder. I do not speak or understand or appreciate danger. I become lost very easily and do not know I am lost.

I may have outbursts or pinch or scream or shake my hands or arms or act in other unusual ways, particularly when I am under stress.

HOWEVER, I AM NOT DANGEROUS. I DO NOT HAVE ANY KIND OF WEAPON. I DO NOT USE WEAPONS. I NEVER INTEND TO HARM ANYONE.

My parents are _____ and _____

I live at _____

My home phones are _____

My mother works at _____; phone _____

My father works at _____; phone _____

My grandmother is _____, address _____; phone _____

My doctor is _____, address _____; phone _____

If you found me in a store or other building with a public address system, please have someone page my mother and father. Don't leave me alone or let me wander off! If you cannot locate my parents, please call the police or have an ambulance take me to an emergency room.

I am on medications: _____; and _____.

REWARD FOR MY RETURN.