

(Loved Ones Safe Together)

LOST program profile



For those on the Autism Spectrum, Alzheimer's or other physical or mental conditions

Enrolled: Project LifeSaver Vitals MedicAlert LOST only
Check all boxes that apply **Found** or **Safe Return** (circle one)



Full Name of Child/Adult - with Middle Name Nickname

Date of Birth Height Weight Eye Color Hair Color

Medical Conditions **Scars or Identifying Marks** **Gender**
_____ M / F

Address **City, State, Zip** **Home Phone** **Other Phone**

Identification Worn (ex. Jewelry/Medic Alert®, clothing tags, ID card, tracking monitor, etc.): _____

Communication (i.e. non-verbal: sign language, picture boards, written word, etc.): _____

Current Prescriptions (Include dosage): _____

Sensory/Dietary issues (if any): _____

Favorite attractions or locations, to look: _____

Likes/Dislikes/Other Helpful Info (i.e. de-escalation techniques): _____

Parent/Caregiver Info

Name: _____

Address: _____

Home/Other Phone: _____

Email (required): _____

Emergency Contact Info

Name: _____

Address: _____

Home/Other Phone: _____

Medical Care Providers

Name/Phone: _____

Name/Phone: _____

Today's Date: _____ MM/DD/YYYY



For more resources visit: www.AutismRiskManagement.com