

# I am Autistic

See back of card for important information.

Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

# I have Autism

See back of card for important information.

Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_



Autism Society

## My Support Needs

How I communicate: \_\_\_\_\_

Things that help me: \_\_\_\_\_

Sensory Triggers (sound, touch, smell, etc.):

\_\_\_\_\_

\_\_\_\_\_