



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 _____

NAME/RELATIONSHIP _____ PHONE _____



Pennsylvania State Police



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