My name is ____________________________________

I have autism spectrum disorder.

Please contact __________________________________

by phone at ________________________

He or she will provide confirmation about my diagnosis, describe my specific needs, and respond in case of emergency.

See reverse side of this card for additional information.

Provided by Children’s Specialized Hospital through the generosity of Kohl’s Cares

www.childrens-specialized.org/kohlsautismawareness
As a person with autism, I may...

- be unresponsive to pain or extreme temperatures
- not recognize dangerous situations
- respond unpredictably, run away, hide, or wander
- not respond to instructions or questions, or may need extra time to respond
- not be able to communicate as expected or have difficulty conveying my needs
- get bothered by sounds, lights, or crowds
- get overwhelmed or anxious
- avoid eye contact
- exhibit repetitive behaviors or language

Be aware. Be safe.