

<p>I HAVE AUTISM</p> <p>I may have trouble communicating, expressing myself, or reacting to light, sound, or crowds.</p> <p>I may become overwhelmed, stressed, or escalated. Please contact my caretaker in medical or criminal situations.</p> <p>Thank you!</p> <p>www.FreePrintableMedicalForms.com</p>	<p>I HAVE AUTISM</p> <p>I may have trouble communicating, expressing myself, or reacting to light, sound, or crowds.</p> <p>I may become overwhelmed, stressed, or escalated. Please contact my caretaker in medical or criminal situations.</p> <p>Thank you!</p> <p>www.FreePrintableMedicalForms.com</p>	<p>I HAVE AUTISM</p> <p>I may have trouble communicating, expressing myself, or reacting to light, sound, or crowds.</p> <p>I may become overwhelmed, stressed, or escalated. Please contact my caretaker in medical or criminal situations.</p> <p>Thank you!</p> <p>www.FreePrintableMedicalForms.com</p>	<p>I HAVE AUTISM</p> <p>I may have trouble communicating, expressing myself, or reacting to light, sound, or crowds.</p> <p>I may become overwhelmed, stressed, or escalated. Please contact my caretaker in medical or criminal situations.</p> <p>Thank you!</p> <p>www.FreePrintableMedicalForms.com</p>	<p>I HAVE AUTISM</p> <p>I may have trouble communicating, expressing myself, or reacting to light, sound, or crowds.</p> <p>I may become overwhelmed, stressed, or escalated. Please contact my caretaker in medical or criminal situations.</p> <p>Thank you!</p> <p>www.FreePrintableMedicalForms.com</p>
<p>Emergency Contacts</p> <p>My Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>www.FreePrintableMedicalForms.com</p>	<p>Emergency Contacts</p> <p>My Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>www.FreePrintableMedicalForms.com</p>	<p>Emergency Contacts</p> <p>My Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>www.FreePrintableMedicalForms.com</p>	<p>Emergency Contacts</p> <p>My Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>www.FreePrintableMedicalForms.com</p>	<p>Emergency Contacts</p> <p>My Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>www.FreePrintableMedicalForms.com</p>