



Autistic Child Information Sheet



Place Photo Here

First Name

Last Name

Address

DOB

Height

Weight

Hair color

Eye Color

Phone #

Mother's Name

Cell#

Father's Name

Cell #

Grandparent/other contact

Phone #

Relation: _____ Cell # _____

Favorite Superhero _____ Favorite Food: _____

Nicknames child likes to be called _____

Favorite places to visit _____

Favorite TV shows _____

Sports/teams the child likes _____

Favorite Band/song _____

Child's favorite places around town _____

Other helpful information: _____
