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Autism Pensacola Project Lifesaver Preliminary Screening Form

DATE _____

PARENT

Name: _____

Address: _____

Phone: _____ Email: _____

CHILD

Name: _____ Date of Birth: _____

School: _____ Disability: _____

Check one: API Membership Non API Membership

How often does your child wander? (ex. daily, weekly, once a year) _____

PROXIMITY TO DANGER

Water Hazard DISTANCE: (approximate in feet or miles) _____

Major roadway DISTANCE: (approximate in feet or miles) _____ NAME: _____

Other danger (describe) _____

Describe your child and their wandering habits including number of times wandering has resulted in contacting law enforcement: (attach additional pages if needed)