

## Emergency Biographical Information

A registry to assist persons-at-risk

Date form filled out \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Personal Description:

Date of Birth: \_\_\_\_\_

Race & Sex: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Scars or Birthmarks: \_\_\_\_\_

Glasses: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_ **Affix Recent Photo Above**

### Important Address Information:

Home: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contacts

At Home: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

At School: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Others: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Hospital: \_\_\_\_\_

**Additional Information**

Allergies: \_\_\_\_\_

**Current Medications :**

<i>Date started</i>	<i>Medicine</i>	<i>Dose</i>	<i>Freq.</i>

Verbal \_\_\_\_\_ Non Verbal \_\_\_\_\_

If non-Verbal, preferable mode of communication (e.g. Sign, Pictures, word approximations):

\_\_\_\_\_  
\_\_\_\_\_

Ambulatory \_\_\_\_\_ Non Ambulatory \_\_\_\_\_

Describe medical alert ID or other identifying information carried or worn:

\_\_\_\_\_  
\_\_\_\_\_

Describe favored places your child might wander to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child respond to his/her name? \_\_\_\_\_

Does your child/family use a password? \_\_\_\_\_ If so, What: \_\_\_\_\_

Important information that will help identify the risk or assist personnel to communicate, understand, care for and maintain the safety of this person.

If necessary, attach a separate page.

**RELEASE**

I, \_\_\_\_\_ give my permission to the town of \_\_\_\_\_ to retain and distribute this information to first response personnel for the sole purpose of identification and assistance to the person-at-risk.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_