

## **Emergency Biographical Information**

A registry to assist persons-at-risk

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 Here**

### **Important Address Information:**

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

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

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

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

### **Emergency Contacts**

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

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

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

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

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

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

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

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

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

5/24/17

**Additional Information**

**Current Medications:**

---

---

---

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

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

---

**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: \_\_\_\_\_