

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: _____

**!! For Walpole Residents ONLY!!
Return form to the Walpole Fire Station at 20 Stone St, Walpole, MA**