Emergency Biographical Information

Individuals Requiring Additional Assistance Registry

Date form filled out: **Adult** **Child**

Last Name: **First Name**:

Address: **Phone:**

Date of Birth: **Commonly used name/Nickname:**

Will person respond to his/her name?

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

DIAGNOSIS

Sex: Race: Height: Weight:

Hair Color: Eye Color: Glasses ?

Distinguishing marks:

ALLERGIES:

Current Medications :

Date started	***Medicine***	***Dose***	***Freq.***

SPACE FOR ADDITIONAL MEDICATIONS ON BACK PAGE

Important Contact Information

Home: E-Mail:

Phone: Cell:

School/Work: Phone:

Primary Care Physician: Phone:

Pediatrician: Phone:

Primary Hospital:

Emergency Contacts

At Home Name: Relationship:
Address:
Phone Number: Cell:

At School/Work Name: Relationship:
Address:
Phone Number: Cell:

Others: Name Relationship
Address:
Phone Number: Cell:

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

Check one Ambulatory Non Ambulatory

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

Describe favored places person might wander to:

Please share any other important information that will help identify the risk or assist personnel to communicate, understand, care for and maintain the safety of this person.

RELEASE

I, ________________________ give my permission to the Town of Westwood to retain this information in a password protected file and distribute this information to first response personnel (Police & Fire) for the sole purpose of identification and assistance to Individuals Requiring Additional Assistance (IRAA). ***I give permission for the use of a school photograph for identification purposes only. I give permission for a Town official to take a picture if one is not available***

Print Name:

Signature: ___________________________ Date:

Current Medications (continued):

Date started	***Medicine***	***Dose***	***Freq.***

SPECIAL INFORMATION OR INSTRUCTIONS (ADD MORE SHEETS IF NECESSARY):