



# GREENSBURG POLICE DEPARTMENT

## Registry - Emergency Biographical Information

### To assist persons-at-risk

Please print clearly

Date form completed <i>(mm/dd/yyyy)</i>	Last Name	First Name
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### PERSONAL DESCRIPTION

DOB	Race	Hair Color	Height)	Weight ( <i>lbs</i> )	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Eye Color	Scars or Birthmarks				Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes
Diagnosis					
<b>Please attach a recent photo to page 3 of this packet.</b>					

### IMPORTANT INFORMATION

<b>Home</b>	
Address <i>(Number, City, State, Zip)</i>	Phone Number
E-mail	Cell Phone Number
<b>School</b>	
School Name	
Address <i>(Number, City, State, Zip)</i>	Phone Number
<b>Pediatrician</b>	
Name	Phone Number

### EMERGENCY CONTACTS

<b>Home</b>	
Name	Phone Number
Address <i>(Number, City, State, Zip)</i>	Relationship
<b>School</b>	
Name	Phone Number
Address <i>(Number, City, State, Zip)</i>	Relationship

**EMERGENCY CONTACTS (continued)****Other**

Name

Phone Number

Address (Number, City, State, Zip)

Relationship

**Primary Hospital****ADDITIONAL INFORMATION****Allergies****Current Medications**

Date Started	Medicine	Dose	Frequency

 Verbal  Non-Verbal

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

 Ambulatory  Non-Ambulatory

Describe Medical Alert ID or other identifying information carried or worn:

Describe favored places the individual might wander to:

Is the individual drawn to water?  No  YesWill the individual respond to his/her name?  No  YesDoes the individual/family use a password?  No  Yes If so, what is the password:

Important information that will help identify the risk or assist personal 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)