## **ISLE RETURN PROGAM REGISTRATION FORM** SUBMITTER'S INFORMATION Today's date: Last Name: First Name: Middle Initial: On Island address: City: State: ZIP Code: Phone No. (cell) Phone No. (home) Off Island address: ZIP Code: City: State: Phone No. (cell) Phone No. (home) Relationship to client: Are you this person's legal guardian? Yes No 🗌 **CLIENT'S PROFILE** INSERT PHOTO HERE Name (last, first): Date of birth: Nickname: On Island Address: City State: **Current Physical Description** ☐ Male ☐ Female Glasses: Height: Weight: Hair Color: Eye Color: Identifying Marks: Identifying Items (i.e. jewelry, tags, ID card): **MEDICAL CONDITIONS** Autism ☐ Blind ☐ Nonverbal ☐ Alzheimer's ☐ Other Cognitive Disability Deaf Cardiac Condition ☐ Previous Stroke ☐ Brain Injury Diabetes Seizure Disorder ☐ Physical Disability ■ Non-ambulatory ☐ Other Developmental Disability Ambulatory **CURRENT MEDICATIONS** Allergies: Medicine Dose Frequency

## ISLE RETURN PROGAM REGISTRATION FORM

HABITS AND PREFERENCES	
Favorite attractions or places:	
Distinguishing behaviors/signs of distress:	
Favorite objects, toys, topics, likes or dislikes:	
Sensory or dietary issues:	
Effective approach and de-escalation techniques:	
Preferred communication method (e.g. if nonverbal, sign language, pictures , printed words):	
Important information that will help identify the risk or assist personnel to communicate, understand, care for and maintain the safety of this person (attach separate page if necessary):	
EMERGENCY CONTACTS	
HOME Name:	Phone No.
Address:	Relationship:
SCHOOL: Name:	Phone No.
Address:	Teacher:
OTHER: Name:	Phone No.
Address:	Relationship:
PHYSICIAN Name:	
Address:	Phone No.
RELEASE	
I give my permission to the Town of Nantucket to retain and distribute this information to Emergency Service Personnel for the sole purpose of identification and assistance to a person at-risk. In the event of an emergency, this photograph may be released to the media for publication ant community members involved in a search for purpose of identification	
Print name:	
Signature:	Date: