

ISLE RETURN PROGRAM 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 and community members involved in a search for purpose of identification

Print name:

Signature:

Date: