



Wandering Registration Form

Name: (Include First / Last) _____ Date of Birth: _____

Address: _____

Home Phone _____ Cell Phone _____

Race _____ Height _____ Weight _____ Sex _____

Hair Color _____ Eye Color _____ Glasses _____

Scars/Birthmarks/Tattoos _____

Primary Diagnosis _____

Level of Functioning _____

Does S/he carry any special identification _____

Does S/he have seizures _____

Verbal Non Verbal Mode of communication (if non-verbal) _____

Have they wandered before, No Yes If yes, where were they located: _____

Closest Water to residence _____

List all Lakes, Ponds and Streams in area _____

Favorite hiding place at home _____

Favorite place in neighborhood/community _____

Will they respond to their name if called Yes No

Sensory Issues Yes No

Touch Yes No

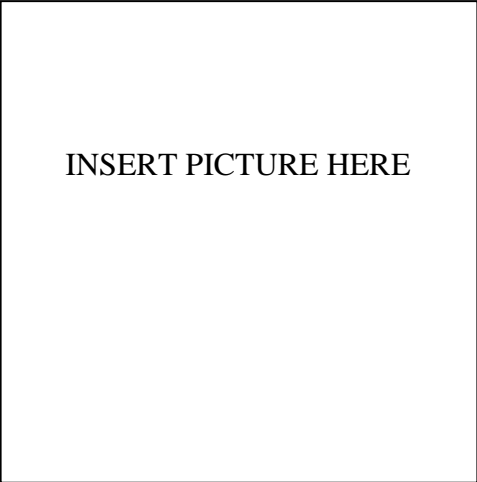
Sound Yes No

Stimming Behavior (describe) _____

Bright Lights Yes No

Will they make eye contact Yes No

Processing Delays Yes No



Does s/he focus on any particular object or theme? If So, What _____

What are his or her favorite topics of conversation _____

Calming strategies that work _____

Fears _____ Dislikes/ triggers _____

Favorite objects _____

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Emergency Contact _____ Relationship _____

Emergency Contact Home Phone _____ Emergency Contact Cell Phone _____

Alternate Emergency Contact _____ Relationship _____

Alt. Emergency Contact Home Phone _____ Alt. Cell Phone _____

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RELEASE

I, _____, hereby give my permission for any first responder agency (include but not limited to police, fire/rescue/EMS/ 911 Dispatch center/search and rescue personnel) to retain and distribute the information contained in this registration form to other first responder personnel, for the sole purpose of identification and protection of, the person identified above in an emergency or crisis situation.

Name (Print) _____

Name (signature) _____

Date _____