

## SPECIAL NEEDS REGISTRY REGISTRATION FORM

ORGANISATION: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONAL INFORMATION		
Last Name	First Name	Middle Initial
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD.MM.YY)	Age
HOME INFORMATION		
Address		
<b>Living Situation</b> <input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____	<b>Type of Residence</b> <input type="checkbox"/> Private Home <input type="checkbox"/> Townhouse/ Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	
CONTACT INFORMATION		
Home Phone	Mobile Phone	Email
PET/ SERVICE ANIMAL INFORMATION		
<b>Pet/ Service Animal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Type (s)	Size/ Weight
EMERGENCY CONTACTS		
Name (Primary)	Relationship	Contact Number (s)
Name (Medical)	Relationship	Contact Number (s)
Name (Other)	Relationship	Contact Number (s)
EMERGENCY INFORMATION		
<b>Check All That Apply and Underline Where Necessary</b> <input type="checkbox"/> Impairments (Speech, Hearing, Sight, Memory Loss, Other) <input type="checkbox"/> Requires Life-Sustaining Equipment (Oxygen, Ventilator, Dialysis, Other) <input type="checkbox"/> Requires Life-Sustaining Medication (Cardiac, Respiratory, Diabetes, Asthma, Other) <input type="checkbox"/> Mobility Impairments (Bedridden, Wheelchair, Walker, Scooter, Crutches, Other) <input type="checkbox"/> Other _____		

I certify that the above information is correct and I authorize its release to agencies and volunteers affiliated with the Special Needs Registry, local emergency responders and disaster agencies. This information should only be used in the event of an emergency situation. I understand that participating in this programme does not guarantee any special rights or services. Under no circumstances shall the associated entities as noted previously be liable to me, including claims of negligence, for any special, incidental, direct, indirect, punitive, or consequential damages.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Registration File Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Authorised Signatory: \_\_\_\_\_