

Lincolnshire-Riverwoods Fire Protection District

Return Home Safe Form



Part I – Personal Information						
Name <i>(Include a nickname and/or preferred pronouns if applicable)</i>						
DOB	Height	Weight	Gender	Eye Color	Hair Color	Race
Physical Description <i>(please include distinguishing features glasses, scars, marks, and tattoos)</i>						
Address				Home Phone		
				Cell Phone		
Disability		Diagnosis		Communicates Verbally		Language Preference
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Part II – Parent, Guardian, Caregiver Information						
Name				Relationship		
Address				Home Phone		
Email Address				Cell Phone		
Part III – Name of Other Family Members or Caregivers						
Name			Relationship			
Home Phone			Cell Phone			
Name			Relationship			
Home Phone			Cell Phone			
Name			Relationship			
Home Phone			Cell Phone			
Name			Relationship			
Home Phone			Cell Phone			

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Part IV – Medical Information			
Primary Care Physician			
Medications			
Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	List Allergies	Requires Oxygen Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Liters
Life Threatening or Other Serious Medical Conditions			
Part V – Miscellaneous			
Does the person respond when called by name? Yes <input type="checkbox"/> No <input type="checkbox"/>		How does the person respond to touch?	
Has the person previously run away or been reported missing? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, where were they located?	
Is the person attracted to water? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, does the person know how to swim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the person attracted to any specific location? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please describe location(s)	
Is the person familiar with the area and vehicular traffic? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the person afraid of Emergency Personnel? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Regular mode of communication:(verbal, sign, communication device, pictures)		Does the person repeat words without regard to meaning (echolalia)	
Best method for first responder to communication when person is escalated or stressed		Safe and reassuring ways to approach person	
What types of sensitivity does the person have (visual, auditory, smell, touch, taste, words or topics)			
What things provide comfort or support (characters, people, pets, topics, favorite toy or specific interest)			
Does the person have any indicators when agitation or stress is escalated (phrases, gestures, pacing, or other physical indicators)			

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By filling out this form, residents and their parents/guardians are consenting to have this information added to the Lincolnshire-Riverwoods Fire Protection District (District) internal searchable database. The information provided will be available to paramedics and firefighters responding to any home or location within the District involving a registered participant and will assist with efforts in providing safe, effective, and appropriate responses. This information is voluntary and can be rescinded at any time. It will be confidential and used only in the event assistance is needed. It is the responsibility of the primary caregiver to update any changes to the information. **Information provided may not always be accessible during an emergency response, but the use of such information will become a part of ongoing training and awareness activities for first responders.**

This form can be delivered to Station 51 at 115 Schelter Rd., Lincolnshire IL 60069, in person, via postal service, or via fax at 847-634-2572.

Signature of Parent or Guardian

Relationship

Date

Signature of resident if applicable

Date