



# SPECIAL NEEDS REGISTRATION FORM

10 E. Camp McDonald  
Prospect Hts. IL 60070  
847-253-8060

___ New	___ Update	___ Renewal
DATE:	_____	
RECEIVED DATE:	_____	INITIALS _____
Sent to RED Cntr	_____	NWCDS _____

**SPECIAL NEEDS PERSONAL INFORMATION**

_____	_____			
Name	Home Phone #			
_____	_____			
Home Address	Cell Phone #			
_____	Male / Female			
City, State, Zip				
_____	_____	_____	_____	_____
Date of Birth	Height	Weight	Eyes	Hair

**SPECIAL NEEDS INFORMATION:** Please advise of Special Needs for the above individual:

\_\_\_\_\_

\_\_\_\_\_

Please advise what types of precautions Emergency Service personnel should be aware of:

\_\_\_\_\_

\_\_\_\_\_ (Please include sleeping area )

**INFORMATION PROVIDER/ CONTACT PERSONS:**

_____	_____
Primary Contact Name	Home Phone #
_____	_____
Home Address	Cell Phone #
_____	
City, State, Zip	
_____	
_____	_____
Secondary Contact Name	Home Phone #
_____	_____
Home Address	Cell Phone #
_____	
City, State, Zip	