**FIC SIGN-IN AND TRACKING FORM**

The FIC Sign-In and Tracking Form is given to each family that enters the FIC in order obtain information about the patient that the family is looking for, as well as family information, to include the number of people in the FIC per family.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| PATIENT INFORMATION | | | | | | | |
| LAST NAME | | FIRST NAME | | | DATE OF BIRTH | AGE | GENDER  ☐ M ☐ F |
| EYE COLOR | | HAIR COLOR | | | LANGUAGES SPOKEN | | |
| HEIGHT | WEIGHT | | | RACE | DISTINGUISHING MARKS | LOCATION LAST SEEN | |
| OTHER DESCRIPTIVE INFORMATION | | | | | | | |
| FAMILY INFORMATION | | | | | | | |
| FAMILY PRIMARY CONTACT | | | | | PREFERRED CONTACT  Name:  Telephone:  CALL TEXT | SECONDARY CONTACT  Name:  Telephone:  CALL TEXT | |
| RELATIONSHIP | | | | | THIS SECTION TO BE COMPLETED BY FIC STAFF | | |
| ALL ADDITIONAL FAMILY MEMBERS MUST BE LISTED  USE REVERSE SIDE OF FORM FOR ADDITIONAL NAMES IF NEEDED | | | | | STATUS  Date: \_\_\_\_\_\_\_\_\_  Time:\_\_\_\_\_\_\_\_\_\_  ☐ Waiting for patient  ☐ Waiting for reunification  ☐ Reunited  ☐ Waiting for patient location  ☐ Departed to actual location  Wish to speak to media? ☐ YES ☐ NO  LISTED IN REDDINET?  ☐ YES ☐ NO | | |
| NAME | | RELATIONSHIP | | |
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| THIS SECTION TO BE COMPLETED BY FIC STAFF | | | |
| Incident Date/Time | Incident Name | Family Arrival Date/Time | Family Departure Date/Time |
| ADDITIONAL NOTES | | DO NOT WRITE IN THIS SECTION  FOR OFFICIAL USE ONLY | |
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**ICS Form 400 FIC Sign-In and Tracking Form**