Elder / Adult Police Alert Registration

	1 :	This form is intended to be filled out by the primary caregiver of a
	1	person who may wander from his or her home. This information will be
	1	kept confidential and will only be used to assist the police and others
		who may have to search for the person. Please complete this form
		and bring it to your local police department.
	me	Note: A recent photo of the person is required to complete this
	st Na	registration.
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	:	If the individual frequents a Senior Center, Adult Day Care Center, or lives
	:	in a Nursing Home or Assisted Living Facility, please fill out the following.
1	:	Agency Name
	1	Agency Contact Person
		Phone Number Partners
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Individual Information

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:	
ле •	Phone Number Partners
Name 	



Individual Information

Address: Street						
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Date of Birth:/				į		
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Scars: Adaptive Equipment: Check All That Apply	Moles / Birthn Tatoos:	narks:				
Check All That Apply	Left Handed /	Right Handed:				
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□ Cane □ Walker □ Crutches □ Wheelchair	☐ Cane	□Walker	☐ Crutches	□Wheelchair		
Additional information:	Additional i	nformation: _				_
If the individual drives, please list the following information: License plate number:			•	_		
Make, model, color and year of car:	Make, model,	color and year o	f car:			
Places the person is known to frequent:						



Medical Information

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Physician Phone Number:	
Please list any conditions or dise	ases the individual has been diagnosed with:
Please list any medication with d	osage that the individual takes:
Is the individual physically aggre	essive? If so, please explain.
Primary Conta	act Information
Name:	Home Phone:
Name: Address:	Home Phone:
Name: Address: Place of Employment:	Home Phone:
Name: Address: Place of Employment: Work Phone:	Home Phone:
Name:Address: Place of Employment: Work Phone:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone: act is not available)
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone: lact is not available) Home Phone:

Secondary Contact (If primary contact is not available) Name: _____ Home Phone: ____ Address: ____ Cell Phone: ____ Work Phone: Relationship to individual: Authorization to Release Information ______, acting on behalf of _______, State Your Relationship to Individual _____ agree to share this information with the Police State Name of Individual Department of ______. City in which you are filing this form I understand that this information will be filed and kept confidential and used only for the purpose of identification and assistance related to "Alert Efforts," should they be necessary. This authorization can be withdrawn at any time and will expire one year from the date of signature. Individual Signature: ______ Authorized Representative: Date: _____ Expiration: I, _____am the authorized representative of this individual as noted by: Please Check if applicable: ☐ Durable Power of Attorney for: ☐Healthcare ☐ Financial ☐ Legal Guardianship