

Millville Police Department

Alzheimer's / Autistic Persons Registration

Name of patient: _____

Patient's address: _____

Patient's date of birth: _____ Eye color: _____ Height: _____

Sex: _____ Race: _____ Complexion: _____ Hair color: _____ Build: _____

Ailment: Alzheimer's _____ Autism _____ Functionality (1st-12th grade): _____

Is the patient able to Speak? _____ Hear? _____ Is the patient Blind? _____

Can the patient read? _____ write? _____ Do they know their address? _____

If in school, what school do they attend: _____

Can you provide a digital photo to assist us in identifying the patient? _____

Is there anything that frightens the patient that the police should know about? (EX: loud noises, uniforms, bright lights, being in confined spaces like the back of a patrol car, etc)

What things can the police do to calm the patient if agitated or frightened? _____

Is there any place that the patient is drawn to when they wander away? (Ex: bodies of water, childhood home addresses, parks, woods, etc) _____

Is there anything else you believe the police should know to help your loved one? _____

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Primary Caregiver's name: _____

Primary Caregiver's address: _____

Primary Caregiver's phone number: _____ cell: _____

Secondary Caregiver's name: _____

Secondary Caregiver's address: _____

Secondary Caregiver's phone number: _____ cell: _____

Any other persons you would like to add as an emergency contact: _____

By signing below I voluntarily authorize that I am giving permission for the Millville Police Department to enter the provided data into the Millville Police Department Data base. I understand that this information will be used to assist the police in returning my loved one home in the event that they may wander away and become lost or disoriented.

In the event the Millville Police Department becomes aware that I become disabled or deceased (Ex: traffic accident, medical emergency, fatality) I agree _____ disagree _____ to allow the Millville Police Department to contact the Secondary Caregiver or another person of my choosing, to make arrangements for the temporary care of your loved one.

Name (Printed): _____

Name Signature: _____

Date: _____