

North Attleboro Police Department
(508) 695-1212

SPECIAL CONCERN ALERT

3x5
photo
here

Name: _____

DOB: _____

Address: _____

Phone #: _____

Weight: _____

Height: _____

Hair: _____

Eyes: _____

Glasses/Contacts: _____

Language Spoken: _____

Distinguishing Features: _____

Physician: _____

Physician Phone #: _____

Caretaker Name: _____

Caretaker Home Phone #: _____

Caretaker Cell Phone #: _____

Caretaker Address: _____

Name/address/phone of (2) friends, relatives, or neighbors in case caretaker cannot be reached:

1) _____

2) _____

Current Medications: _____

Please return all forms to Officer Krishtal at the:
North Attleboro Police Department
102 South Washington St
North Attleboro, MA 02760

North Attleboro Police Department
(508) 695-1212

Medications continued:

Possible patterns of wandering/favorite locations:

Special instructions for Police or EMS when interacting with and methods of approaching this individual:

Does this individual have an aversion to touch or any other dislikes?

Does this individual have any additional medical diagnosis or additional disabilities that we should know about?

Emergency Transport and Hospital Request:

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North Attleboro, MA 02760

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This form is to provide the North Attleboro Police Department with accurate information on the individual listed above. This information will only be used for Emergency Response and Emergency Care only. Photos of adults should be updated every two years and children's photos every year. If there are any medical changes these should be reported to this department immediately.

I, _____, as the parent/guardian/caretaker of _____, do understand that it is my responsibility to update this information as it changes.

Signature: _____

Date: _____

Date entered into CAD: _____ **Data Entered by:** _____

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