

DATE SUBMITTED: _____

CONFIDENTIAL PERSON-SPECIFIC INFORMATION for FIRST RESPONDERS

AT RISK PERSON ALERT FORM

Alzheimer's / Dementia / Down Syndrome / Autism / Other

Attach Current Photo Here

Individual's Name _____

Address _____

Date of Birth _____ Age _____ Preferred Name (Nickname) _____

Individual's Physical Description __ Male __ Female _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, tattoos or other identifying marks _____

Does the Individual live alone? _____

Other Relevant Medical Conditions in addition to Alzheimer's or Dementia? _____

Prescription Medications needed _____

Individual's Cell Phone Number and Provider _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contacts (Children/Guardians, Head of Household/Residence, or Care Providers)

Emergency Contact's Address _____

Emergency Contact's Phone Numbers: Home _____ Work _____ Cell Phone _____

Name of Alternative Emergency Contact _____

Home _____ Work _____ Cell Phone _____

Preferred Spoken Language _____

Identification Information: (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.?)

Tracking Information (Does the individual have a Project Lifesaver or LoJack Safety Net Transmitter Number?)

OTHER PERTINENT INFORMATION: _____