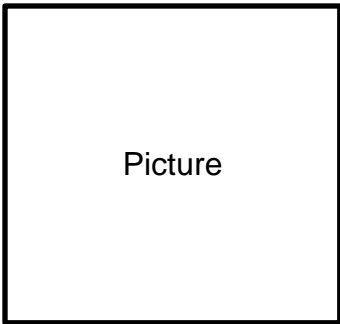




TOWN OF TEWKSBURY

Police Headquarters
 918 Main Street
 TEWKSBURY, MASSACHUSETTS 01876



Medical Alert Form

Name of Person at Risk						
*Last Name	*First Name	Middle Name	Phone #	*Age	*Sex	*Race
Lives with:		Relationship		Place of Birth:		
Home Address:		*Date of Birth:		SS Number:		
*Height: ____ Ft. ____ In.	*Weight: _____ Lbs.	*Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Unknown <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Multicolor		*Hair Color <input type="checkbox"/> Sandy <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/>		
Complexion <input type="checkbox"/> Fair/Light <input type="checkbox"/> Black <input type="checkbox"/> Albino <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Sallow <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Med. Brown			<input type="checkbox"/> Medium <input type="checkbox"/> Olive <input type="checkbox"/> Yellow <input type="checkbox"/> Dark Brown		Scars, Marks, Tattoos and Other Characteristics	
Medication Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Medication Type		Medical Condition <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type:		
Emergency Contact and Address				Relationship		Phone
(1)						
(2)						
(3)						
Neighbor or other local contact and address				Relationship		Phoned
(1)						
(2)						
(3)						
Miscellaneous Data (Information which may assist in identification: nickname, associates, hairstyle, clothing, etc.)						
Method of communication? (If non-verbal; sign language, picture boards, written words, etc.)						
Techniques that will attract the individual? (particular voice (mom, dad, etc.), favorite song, etc.)						
How would the individual react to sirens, helicopters, search k9s, people in uniform?						

Best methods of approach? (Include approach and de-escalation techniques normally used)

Identification worn? (Jewelry, Medic Alert, Clothing Tags, ID Card, Tracking Monitor, etc.)

Fascinations and/or stimulants? (trains, heavy equipment, airplanes, fire trucks, water, active highway)

Favorite place to go?

If the individual has wandered away before, where was he/she located?

Medical, sensory or dietary issues or requirements?

Additional relevant information

RELEASE FORM

I, _____ give my permission to the TEWKSBURY POLICE DEPARTMENT to retain this information, to be kept in strict confidence. I give the TEWKSBURY POLICE DEPARTMENT the authority to use pictures and information of the patient/client for use on social media and the press, in the event of an emergency.

(Signature)

(Date)