



PERSON AT RISK FORM

Date of Application: _____ Nickname: _____
Last Name: _____ First Name: _____ Middle: _____

Personal Description:

Date of Birth: _____

Picture: _____

Race: _____ Sex: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars or Birthmarks: _____

Glasses: _____

Hearing aid: _____

Does this person suffer from memory loss? _____

Address

Home address: _____

Home Phone #: _____

Cell phone : _____

EMAIL address: _____

Person at risk is a child age : _____

Person at risk is an adult age: _____

Child Information

School: _____

School phone
number: _____

Parent's Work: _____

Parent's work phone
number: _____

Emergency Contacts: (please circle)

Mother/Father/Adult Child

Mother/Father/Adult Child:

Cell: _____

Cell: _____

Legal Guardian: _____

Cell: _____

EMAIL address: _____

Other:

Name: _____

Address: _____

Phone #: _____

Communication and Social Interactions:

Means of communication: _____

(The more we know about the way your loved one communicates, the better we can meet his or her needs. Please be specific in explaining.)

Means used to comfort loved one:

Any behavior issues: _____

If so, how do you respond? _____

Dislikes/Sensitivities: _____

Person's Fears: _____

Please explain how your loved one reacts and how you handle the situation: _____

Additional Information:

Medications: _____

Is the person allergic to anything? _____

Hazards near home: _____

Does your loved one have seizures? _____ If yes, what do they look like? _____

Please note any other important information that will help identify the risk or assist personnel to care for and maintain the safety of this person.

Release

I, _____ give my permission to the Town of Southborough Police Department to retain and distribute this information to first response personnel for the sole purpose of identification and assistance to the person at risk. It will be my responsibility to maintain current contact information.

Print Name: _____

Signature: _____

Date: _____