



## 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

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Cell: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

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: \_\_\_\_\_