



SCOTTS VALLEY POLICE DEPARTMENT WANDERER / DISABILITY IDENTIFICATION

The information you provide will be maintained in an accessible database for our police officers should your loved one wander or be located.

Enclose a recent photo with this form. Make several copies of this form and keep them in easy-to-find places.

You may mail or hand-deliver completed forms and photographs to the Scotts Valley Police Department, 1 Civic Center Drive, Scotts Valley, CA 95066. You may fax a completed form to the Scotts Valley Police Department at (831) 438-6930, however, please **do not fax photographs**.

Circle all that apply:

Wanderer Alzheimer's Dementia Diabetic Elderly Other_____

PERSONAL INFORMATION:

Name:	Date of birth:
Address:	Phone number:

MEDICAL INFORMATION:

Physician name:	Physician phone number:
Medications:	Allergies:

PERSONAL HABITS/BEHAVIOR PATTERNS: Please list any information regarding this subjects habits or behavior that may help in identifying them. Please list any handicaps/disabilities as well.

EMERGENCY CONTACT PERSONS:

Name	Relationship	Address	Telephone
1)			
2)			
3)			
4)			