



WALPOLE POLICE DEPARTMENT



SAFEWATCH PROGRAM

[EMERGENCY SHEET]

The safety of our residents who may have a disability or condition which would cause them to wander from their safe environment is of great concern to us. With that in mind, the Walpole Police Department has initiated the SafeWatch Program designed to proactively gather pertinent and recent information on at risk individuals so if a person should go missing, we are prepared to immediately begin an informed search. Family members of these individuals are encouraged to make use of this program by filling out the form below and updating it with the police department as necessary. Completed forms can be brought/mailed to the Walpole Police Department at 50 South Street, Walpole, MA 02081

(Submitter Name)

(Submitter Phone Number)

(Date Submitted)

At Risk Person's Profile

***** Attach Recent Photo To Completed Form *****

(Last Name, First Name)

(Nickname, if applicable)

(Date of Birth)

(Street Address)

(Town, State)

(Home Phone Number)

(Cell Phone Number, if applicable)

(Cellular Provider, if applicable)

(Gender)

(Height)

(Weight)

(Eyes)

(Hair)

(Identifying Marks, eg. scars)

(Identifying Items, eg. tags, medic alert bracelet)

At Risk Person's Medical Information, Habits and Preferences

(Condition That Causes Wandering, eg. Autism)

(Prescription Medications)

(Treatments to Avoid)

(Previous Pattern of Wandering)

(Favorite Attractions or Places, eg. water, woods)

(Distinguishing Behavior/Signs of Distress)

(Favorite Objects, Toys, Likes, Dislikes)

(Effective Approach/De-escalation Techniques)

(Preferred Communication Method, eg. sign lang.)

Emergency Contacts

(Primary Emergency Contact Name)

(Relationship to Person, eg. mother, father)

(Primary Emergency Contact Address)

(Primary Emergency Contact Phone Number)

(Secondary Emergency Contact Name)

(Relationship to Person, eg. mother, father)

(Secondary Emergency Contact Address)

(Secondary Emergency Contact Phone Number)