



# LOWER PROVIDENCE TOWNSHIP POLICE DEPARTMENT

100 Parklane Drive, Eagleville, PA 19403  
Phone: 610-539-5900 Fax: 610-630-2219  
Email: [police@lowerprovidence.org](mailto:police@lowerprovidence.org)



**Francis L. Carroll**, Chief of Police



This police department program is provided in association with the Alzheimer's Association Safe Return™ Program. For further information about the National Program, please contact the Alzheimer's Association at **800-272-3900**, available 24 hours/day.

## Project Return Safely Registration Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*Last First Middle*

Physical Address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone Number: \_\_\_\_\_ Sex: M F Primary Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Complexion: \_\_\_\_\_ Scars/Marks: \_\_\_\_\_

Tattoos: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

Check all that apply: Glasses Wig Hearing Aide Dentures Cane Walker Wheelchair

Medical Conditions: \_\_\_\_\_

Critical Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Location: \_\_\_\_\_

Photograph Provided: Yes No Date photograph was taken: \_\_\_\_\_

### Primary Contact Information

Contact Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Miscellaneous Info: \_\_\_\_\_

Additional Contact Names & Phone Numbers: \_\_\_\_\_

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Lower Providence Township Police to release the above information in response to emergency calls regarding and do further agree to indemnify and hold harmless the Lower Providence Township Police Department; its officers, administrators and employees from any and all claims (other than willful misconduct) arising out of participation in the Lower Providence Township Police Department Safe Return program or the release of the above information. Furthermore, I hereby represent and warrant to the Lower Providence Township Police Department that I have full power and authority, as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_