



LOWER PROVIDENCE TOWNSHIP POLICE DEPARTMENT

100 Parklane Drive • Eagleville, PA 19403
Phone: (610) 539-5901 • Fax: (610) 630-2219
Email: police@lowerprovidence.org



Stanley M. Turtle, *Chief of Police*

PROJECT RETURN SAFELY INSTRUCTIONS

The Lower Providence Township Police Department in conjunction with the Alzheimer's Association Delaware Valley Chapter is proud to provide Project Return Safely. Project Return Safely is a voluntary police department program that assists police officers in reuniting care givers with lost or wandering loved ones suffering from Alzheimer's disease, Autism or other incapacitating conditions. The program is a free service and is a valuable tool in identifying distressed individuals quickly and effectively. The Lower Providence Township Police Department will also provide registered caregivers with information about the Alzheimer's Association and the services they offer.

Individuals interested in enrolling in the Project Return Safely Program may simply print the registration form that is on the Lower Providence Township website or obtain a registration form in the Lower Providence Township Police Department lobby.

The completed registration form along with a recent color photograph of the participant may be mailed or delivered to the Lower Providence Township Police Department.

Mail To: 100 Parklane Dr
Eagleville, PA 19403

The completed registration form may also be faxed or emailed to:

Fax #610-630-2219 or Email: police@lowerprovidence.org

If there any questions or concerns regarding this program, please feel free to contact the Lower Providence Township Police Department at 610-539-5901.



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 800-272-9300, available 24 hours a day.



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PROJECT RETURN SAFELY REGISTRATION FORM

Name: _____ Today's Date: _____
Last First Middle

Physical Address: _____

Telephone Number: _____ Sex: M F Primary Language _____

Date Of Birth: _____ Age: _____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: _____ Complexion: _____ Scars/Marks/Tattoo's: _____

Miscellaneous Info: _____

Check all that apply: Glasses Wig Hearing Aid 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 Returned 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/her behalf.

Printed Name: _____

Signature: _____

Date: _____