TOWN OF HAMILTON MASSACHUSETTS
POLICE DEPARTMENT

Silver Alert Pre-Registration Form

Edward J. Guy III
Chief of Police

Phone: (978) 468-1212
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Report Number:_____

Patient's Last Name:_____ First:_____ Preferred Name:_____

Home Address:_____

Former Address:_____ Dates Resided @ Address:_____

Other address' if applicable:_____

Does resident live alone?: Yes ◯ No ◯ Date of Birth:_____ Gender:_____

Emergency Contact # 1 Relation:_____ Name:_____ Best contact number:_____

Emergency Contact # 2 Relation:_____ Name:_____ Best contact number:_____

Primary Care Physician name and telephone number_____

Race:_____ Height:_____ Weight:_____ Eye Color:_____ Hair Color:_____ Hair length:_____ Facial Hair:_____

Other Significant identifying marks (scars, tattoos, jewlery etc.):_____

CONDITION	MEDICATION	DOSAGE	PHARMACY	TREATING PHYSICIAN

Cognitive Impairment ☐ Non-Verbal ☐ Deaf ☐ Blind ☐ Diabetic ☐

Does he/she currently drive (or have access to vehicle)? Yes ◯ No ◯ If yes is checked, please complete next line.

Year & Make of Vehicle:_____ Vehicle Color:_____ Registration Number:_____ License Number:_____

Is Senior Care involved? Yes ☐ No ☐ If Yes, what services?

Attractions or locations visited often (past & present):

Atypical Behaviors/characteristics that may catch the attention of responders:

Verbal authorization by caregiver _____, on _____ I authorize the release of information

for the purpose of pre-registering _____ to the Silver Alert database and acknowledge

they will keep this information in the Massachusetts database

265 Bay Road
Hamilton, Massachusetts
01982