



IMPAIRED MEMORY / COMMUNICATION/ WANDERER REGISTRANT FORM

SOUTH PORTLAND POLICE DEPARTMENT

30 Anthoine Street, South Portland, ME 04106
207.799.5511

DATE REGISTERED: _____

DATE REMOVED: _____ **REASON:** _____

PLEASE COMPLETE THE FOLLOWING

SECTION 1: PERSON BEING REGISTERED:						Name School or Facility (If applicable):		
Name (Last, First, MI):				Nickname:			DOB:	
Street Address:				City:		State:		Zip:
Telephone No. (Home):		Telephone No. (Cellular):		Email Address:		Is registrant wearing ID or Tracking Device?:		Yes or No
						If yes, Where is it located?		
Can registrant read:		If yes, What written question/command will they respond to:						
Yes No								
Sex:	Height:	Weight:	Eye Color:	Hair Color:	Mode(s) of Communication:		Language Spoken:	If applicable-Type of Communication (Ex Signing):
					Verbal Non-verbal			
Respond to Name:		Sensitive to Touch:		Sensitive to Noise:		Sensitive to anything else- Please Explain:		
Yes or No		Yes or No		Yes or No				
Registrant has any distinguishing marks (Ex Mustache, beard, scars, glasses, tattoos, hearing aid, etc)- Please describe:								
Access to Weapons: Yes No If yes, types:				Prone to aggressive behavior to self or others: Yes No If yes Explain:				
Known Triggers (please describe):						Known Calming Techniques (Please Discribe):		
Known areas where registrant would likely be or attracted to:								
Family Doctor:			Medical Concerns:			Allergies:		Medications:

SECTION 2: MEMORY IMPAIRMENT / DISABILITY DIAGNOSIS:	
Describe Extent and Effects of Impairment / Disability (Alzheimer's / Dementia, Autism, Stroke, Mental Retardation, Cerebral Palsy, etc.)	

SECTION 3: PRIMARY EMERGENCY CONTACT/CARETAKER INFORMATION:			
Name (Last, First, MI):			Date of Birth:
Street Address:			City State Zip
Telephone No. (Home):		Telephone No. (Work):	Telephone No. (Cellular or Pager):

PLEASE LIST SECONDARY EMERGENCY CONTACT:			
Name (Last, First, MI):			Date of Birth:
Street Address:			City State Zip
Telephone No. (Home):		Telephone No. (Work):	Telephone No. (Cellular or Pager):

Release / Consent

The information on this Wanderer/Impaired Memory Program form is confidential and will be used for the sole purpose of the locating, identifying and protecting of your loved one in the event of an emergency or crisis situation. By providing this information you give the South Portland Police Department with permission to share it with other first responders as needed. Other first responders may include but are not limited to: Police, Fire, EMS and 9-1-1 dispatch personnel.

I, the undersigned, for myself and the registrant named above, do hereby authorize the South Portland Police Department to release the aforementioned information in response to emergency calls (i.e., Missing Person incidents), regarding registrant and do further agree to indemnify and hold harmless the South Portland Policed Department and persons associated with it.

Witness / Accepting Department Member (Print & Sign)

Caretaker / Responsible Party (Print & Sign)

SUBMIT 2 PHOTOS OF REGISTRANT: ATTACH TO BACK OF FORM OR EMAIL TO OFFICER ACCEPTING THIS REGISTRATION

PHOTOS OF REGISTRANT

<p>INSERT PHOTOS HERE</p>	<p>INSERT PHOTOS HERE</p>
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