

SATSUMA

ASSISTING the

VULNERABLE and

Elderly

The Satsuma Police Department is asking for your assistance with our vulnerable and/or elderly citizens. The information provided on this paperwork will be confidential to police and fire personnel. Our goal at the Satsuma Police Department is to protect your loved ones and to return them to your care as quickly as we can. We also ask that you please update this information anytime there is any change in the listed information. Feel free to list any pertinent information you feel is important for proper care.

Citizen's Name: _____ Home/Cell Phone: _____

Address: _____ Date of Birth: _____

Medical Information

Hospital Preference: _____ (THIS DOES NOT GUARANTEE TRANSPORT TO PREFERENCE)

Primary Care Physician: _____ Specialist(s) if Applicable: _____

PCP Office/Group Number: _____ Specialist(s) Office/Group Number: _____

Blood Type: _____ Known Allergies: _____

Medical Condition(s)/Recent Surgeries: _____

List of Current Medication(s) and dosage: _____

Make Information available to transporting ambulance: YES NO

Signature: _____ Relationship: _____

EMERGENCY CONTACT(S)

Name: _____ Contact Numbers: _____ Alternate: _____

Contact Numbers: _____

PLEASE ATTACH A CURRENT PHOTOGRAPH OF YOUR LOVED ONE

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