

Newburyport Police H.E.L.P.S. Program Registration Form

(Help Every Lost Person to Safety)

Please fill out as completely as possible (some may not be applicable) and attach current photo:

Subject Name: _____ DOB: _____

Address: _____ Phone #: _____

Gender: _____ Eye color: _____ Height: _____ Weight: _____

Additional ID features /marks/tattoos/etc.: _____

Medical Conditions/Concerns: _____

Doctor: _____ Medication(s): _____

Do they drive? If so, any vehicle info: _____

If wanders, favorite locations to go: _____

Favorite/calming Items or things: _____

Emergency Contact/Responsible Person(s):

Name: _____ relationship to subject: _____

Address: _____ Phone #: _____

Name: _____ relationship to subject: _____

Address: _____ Phone #: _____

Any additional information that you feel may be useful for officers to know or helpful in locating and/or concerns:
