# Town of Rockport

**PERSON AT RISK FILE**

**A POLICE DEPARTMENT REGISTRY TO ASSIST PERSONS AT RISK**

**Instructions:** Complete form, affix photograph and return to: Rockport Police Department 168 Main Street Rockport, MA 01966 Attn: Sergeant Mary Fountain, Elder Affairs

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>For use by the Police Department Only</th>
<th>MN#</th>
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</thead>
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## Personal Description

- **Date of Birth**
- **Race & Sex**
- **Height**
- **Weight**
- **Hair Color**
- **Eye Color**
- **Scars/Marks**
- **Glasses**
- **Facial Hair**

## Affix Recent Photo Here

## Important Address Information

- **Home**
  - Phone #:  
- **Work**
  - Phone #:  
- **School**
  - Phone #:  

## Emergency Contacts

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<tr>
<th>Name</th>
<th>Relationship</th>
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### HIDE A KEY LOCATION

SEE REVERSE SIDE OF THIS FORM FOR IMPORTANT QUESTIONS
AT RISK INFORMATION

Medical Conditions:

Physician

Phone

MOLST/DNR Form? ___ If so, where is this kept?

Current Medications:

Does person drive? YES □ NO □ If a vehicle is being used, please describe below:

Plate # Make Model Year Color

Does person speak? YES □ NO □ If not, how does person communicate?

Does person wander? YES □ NO □ If yes, to where?

Describe medical alert ID, if worn:

Additional information that will help identify the risk or assist an officer find, communicate with, or care for person. If necessary, attach a separate sheet.

RELEASE

I, ____________________________, give my permission to the Rockport Police Department to retain this information, to be kept confidentially on file for the purpose of identification and assistance relative to people at risk and related investigative activities.

Print Name: ____________________________ Signature: ____________________________

Date: ____________________________

Status update: ____________________________

If you have any questions or concerns, please call the Rockport Police Department at (978) 546-1212 and ask to speak with Sergeant Mary Fountain, Elder Affairs Officer.