



Glendale Police Department

301 East Sharon Avenue
Glendale, Ohio 45246

Special Care Alert Information Form

General Information

Resident Name: _____ Date of Birth: ____/____/____
Address: _____, Glendale, Ohio 45246 Apartment #: _____
Gender: _____ Height: _____ Weight: _____ Eye Color: _____
Home Phone of Resident: (____) ____ - _____ Cell Phone (if applicable): (____) ____ - _____
Vehicle Make/Model (if applicable): _____
Color: _____ License Plate #: _____

Medical Information

Reason for Joining the Program: _____
Primary Care Physician: _____ Telephone: (____) ____ - _____
Preferred Hospital: _____ Telephone: (____) ____ - _____
Allergies: _____
Medications: _____

Family or Caregiver Emergency Contact Information

Name: _____ Telephone #: (____) ____ - _____
Relationship: _____
Name: _____ Telephone #: (____) ____ - _____
Relationship: _____

Additional Information

Frequently Visited Places: _____
Additional Information: _____

Please be sure to attach a photo!

Signature of Person Completing This Form

____/____/____
Date Signed