



Medway Police Department

315 Village St
Medway MA, 02053
Tel 508-533-3212
Fax 508-533-9044



C.A.R.E. PROGRAM RELEASE WAIVER

Date: _____

I, _____ currently residing at _____
(PRINT FULL NAME) (RESIDENTIAL ADDRESS)
give permission to the Medway Police Department to release any and all information related to the care or
well-being of _____ to other law enforcement agencies and emergency services.
(C.A.R.E PARTICIPANT NAME)

Signature

Date

Officer Signature

Date