



PETALUMA POLICE DEPARTMENT

Safe Return

How it works

When someone who is mentally disabled or suffers from Alzheimer's disease wanders away from their home or care facility, they can easily become lost or disoriented. They may also have difficulty seeking help from others in returning to their home or care facility.

This difficulty can be frustrating, embarrassing, terrifying and in many cases, life threatening. The person's relatives and care givers may also experience fear and anxiety while their loved one is missing.

When the police department finds a missing person, they need a simple and reliable way to determine who the person is and where they belong. "Safe

Return" is a program endorsed by the Alzheimer's Association, designed to provide law enforcement with vital information that can help in identifying and assisting the participant.



The Petaluma Police Department invites you to register your loved one with Alzheimer's or a related dementia who tends to wander and become lost. We will maintain a file and a photograph for each participant. If necessary, this data can be used to produce media information to assist in the person's "SAFE RETURN."

In order to be eligible for the program, the participant must be a Petaluma resident who is mentally impaired or developmentally disabled so as to have difficulty communicating his/her name and/or place of residence (i.e., dementia, Alzheimer's, stroke victim, etc.). Identification bracelets can be purchased by registering with the MedicAlert + Alzheimer's Association Safe Return program by visiting <http://www.alz.org/care/dementia-medic-alert-safe-return.asp> or calling 1-800-272-3900.



PETALUMA POLICE DEPARTMENT

969 Petaluma Blvd North

Petaluma, CA 94952

(707) 778-4372

cityofpetaluma.org/police/safereturn.html

Person being registered

First Name _____ Last Name _____

Nickname _____ Birthdate _____

Street Address (no PO Boxes) _____

City _____ State _____ Zip _____

Phone Number (____) _____ Alternate Phone (____) _____

Driver License _____ Race/Ethnicity _____ Male Female

Language spoken _____ Skin tone Dark Medium Fair

Glasses Contacts Wig Hearing aid Dentures Scar Mole

Beard Mustache Tattoo Birthmark Broken bone Missing limb

Typical clothing _____

Describe major medical conditions and allergies _____

List all medications taken _____

Blood Type _____ Are dental charts available? Yes No

Dentures Upper Lower Full Partial

Dentist's Name _____

Dentist's Phone Number _____

Dentist's Address _____

Medical Doctor's Name _____

Medical Doctor's Phone Number _____

Medical Doctor's Address _____

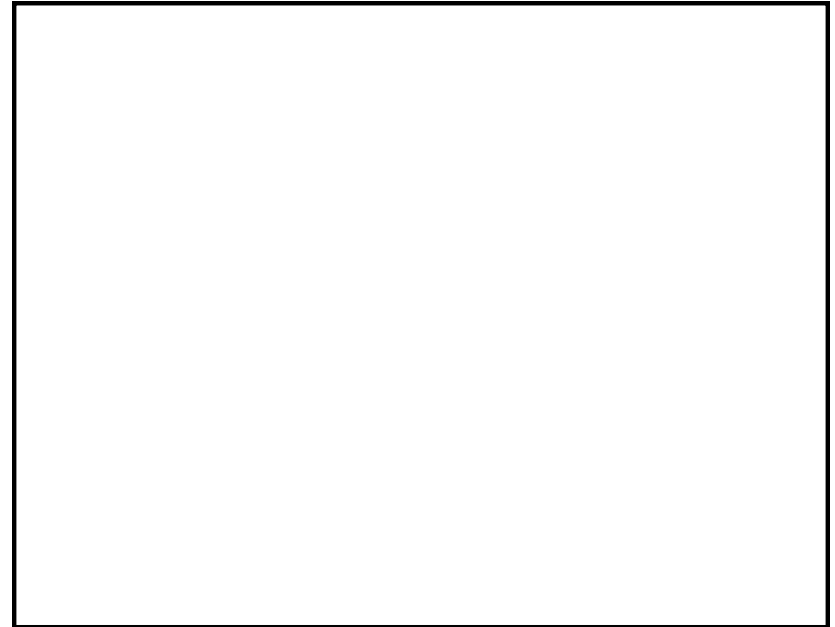
Are medications missing? Yes No

Are medical x-rays available? Yes No

Any other information you would like us to know? _____

Please keep a copy of this form for your records.

*Please attach a photograph of the person being registered,
or they can be photographed at the police department free of charge.*



Primary emergency contact information

First Name _____ Last Name _____

Relation to Registrant _____

Street Address (no PO Boxes) _____

City _____ State _____ Zip _____

Phone Number (____) _____ Alternate Phone (____) _____

Secondary emergency contact information

First Name _____ Last Name _____

Relation to Registrant _____

Street Address (no PO Boxes) _____

City _____ State _____ Zip _____

Phone Number (____) _____ Alternate Phone (____) _____