



Swansea Council on Aging

260 Ocean Grove Avenue, Swansea, MA 02777 - (508) 676-1831
www.swanseacoa.webs.com



SILVER ALERT REGISTRATION FORM

Personal Information

Full Name: _____
Last First M.I. Nickname Maiden Name

Address: _____
Street Address Apartment/Unit #
City MA 02777
State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

Marital Status: M S W Spouse's Name: _____

Spouse's Cell No: () _____ Spouse's Other No: () _____

Description

Photo ID:	DOB:	
	Gender:	
	Height:	Organ Donor:
	Weight:	Hearing Impairment:
	Eye Color:	Vision Impairment:
	Hair Color:	Mental Status:
	Race:	Identifying Marks:
	Blood Type:	Residence Type:

Emergency Contact Information - ONE

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Emergency Contact Information - TWO

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

HEALTH INFORMATION

Physician: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: () _____ Fax: () _____

CONDITION	MEDICATION	DOSAGE	PHARMACY	TREATING PHYSICIAN

ALLERGIES:

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	LICENSE STATE & REGISTRATION	RESTRICTIONS AND/OR VIOLATIONS

FINGER PRINTS

LEFT HAND				
RIGHT HAND				

PRIOR ADDRESSES AND/OR PLACES OF INTEREST

ADDRESS	PHONE IF APPLICABLE	TYPE OF ESTABLISHMENT

Comments:

RELEASE OF INFORMATION AUTHORIZATION

Date: _____

I, _____, caregiver for _____, understand that the information contained on this form is strictly confidential and is only to be used in the event of an emergency. I hereby authorize the Swansea Council on Aging to share this information with the Swansea Police Department and other Emergency Responders, only in the event of an emergency.

Signature of Caregiver