



Upper Dublin Township Police Department
801 Loch Alsh Ave.
Ft. Washington, Pennsylvania 19034
Phone: 215-646-2100 Fax: 215-628-8976



Terrence P. Thompson
Chief of Police

alzheimer's  association[®]

Project Safe Return[®]

The Upper Dublin Township Police Department in conjunction with the Alzheimer's Association of Delaware Valley is proud to present Project Safe Return[®]. Project Safe Return[®] is a voluntary Police Department program that assists Police Officers in reuniting care givers with lost or wandering loved ones suffering from Alzheimer's disease, Autism or other incapacitating conditions. This free service is a valuable tool in identifying distressed individuals quickly and effectively. The Upper Dublin Township Police Department will also provide registered caregivers with information about the Alzheimer's Association and the services they offer.

To enroll in Project Safe Return[®], simply print the registration form off of our website or obtain a registration form in the Upper Dublin Police Department lobby. Complete the form and attach a recent photograph of the participant. Mail the registration form and photograph to:

Project Safe Return Coordinator

Upper Dublin Township Police Department

801 Loch Alsh Avenue

Ft. Washington, Pa. 19034

“Community Oriented Policing”



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Project Safe Return Registration Form

Registrant's Information			
Name:			Today's Day:
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Physical Address:			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Telephone Number:		Sex:	Language:
Date of Birth:	Age:	Social Security Number:	
Height:	Weight:	Hair Color:	Eye Color:
Race:	Complexion:	Scars/Marks:	
Tattoos:		Miscellaneous:	
Check all that apply: <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair			
Medical Concerns or Conditions:			
Allergies:			
Doctor:		Telephone:	Location:
Photograph Provided:		Date Photograph was Taken:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Information			
Primary Contact Name:			
Primary Contact Home Address:			
Primary Contact Work Address:			
Home Phone:		Work Phone:	Cellular Phone:
Relationship:		Miscellaneous Info:	
Other Contact Name and Telephone Numbers:			

I, the undersigned, for myself and on behalf of the registrant named above, do hereby authorize the Upper Dublin Township Police to release the above information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the Upper Dublin Police Department; its officers, administrators and employees from any and all claims (other than willful misconduct) arising out of participation in the Upper Dublin Township Police Department Safe Haven program or the release of the above information. Furthermore, I hereby represent and warrant to the Upper Dublin Township Police Department that I have full power and authority, as the duly authorized representative of the registrant named above, to register and act on his or her behalf.

Printed Name

Signature

Date