



Upper Dublin Township Police Department

801 Loch Alsh Avenue
Fort Washington, Pennsylvania 19034-1697
Voice: 215-646-2101 Fax: 215-628-8976
www.UpperDublin.net



Project Safe Return®

Registrant's Information									
Name:							Today's Day:		
Physical Address:									
Telephone Number:				Sex:			Language:		
Date of Birth:			Age:		Social Security Number:				
Height:		Weight:			Hair Color:		Eye Color:		
Race:		Complexion:			Scars/Marks:				
Tattoos:			Miscellaneous:						
<i>Check all that Apply:</i> <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:				<input type="checkbox"/> Yes <input type="checkbox"/> No		Date Photograph was Taken:			
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