



Town of Lexington

PERSON AT RISK FILE

A POLICE DEPARTMENT REGISTRY TO ASSIST PERSONS AT RISK

Instructions: Complete form, affix photograph and return to: Lexington Police Department
 1575 Massachusetts Avenue
 Lexington, MA 02420-3889
 Attn: Family Services Officer

Last Name	First Name	MI	For use by the Police Department Only
			MN#
Personal Description		Affix Recent Photo Here	
Date of Birth			
Race & Sex	Race	Sex	
Height			
Weight			
Hair Color			
Eye Color			
Scars/Marks			
Glasses			
Facial Hair			
Important Address Information			
Home			
	Phone #:		
Work			
	Phone #:		
School			
	Phone #:		
Emergency Contacts			
AT HOME - Name	Relationship	Phone	
Address			
AT WORK - Name	Relationship	Phone	
Address			
AT SCHOOL - Name	Relationship	Phone	
Address			
OTHER - Name	Relationship	Phone	
Address			
SEE REVERSE SIDE OF THIS FORM FOR IMPORTANT QUESTIONS			

AT RISK INFORMATION

Medical Condition:

Physician

Phone

Address

Current Medications:

Does person drive? YES NO **If a vehicle is being used, please describe below:**

Plate #

Make

Model

Year

Color

Does person speak? YES NO If not, how does person communicate?**Does person wander?** YES NO If yes, to where?**Describe medical alert ID, if worn:****Additional information that will help identify the risk or assist an officer find, communicate with, or care for person. If necessary, attach a separate sheet.**

RELEASE

I, _____, give my permission to the **Lexington Police Department** to retain this information, to be kept confidentially on file for the purpose of identification and assistance relative to people at risk and related investigative activities.

Print Name: _____ Signature: _____

Date: _____

Status update:

If you have any questions or concerns, please call the Lexington Police Department at (781) 862-1212 and ask to speak with the Family Services Officer or the Desk Officer.

