



ELDERLY/DISABLED EMERGENCY ALERT FORM

Name: _____

Address: _____

Phone Number: _____

Emergency Contact Person: _____

Names of other Household Members: _____

Doctor's Name and Phone Number: _____

Pets: _____

SPECIAL NEEDS ASSOCIATED WITH DISABILITY

Please check all that apply.

___ Wheelchair Able to Transfer: ___ Yes ___ No

___ Oxygen Dependant

___ Hearing Impaired

___ Sight Impaired

___ Interpreter Necessary

___ Alzheimer's

___ Other Please Explain: _____

- Please keep a complete list of all medications and allergies on the door of your refrigerator.

- **Print and fill this form out and mail the completed form to:**

Warwick Police Department
Attn: Officer Susan Gauthier, Community Services Division
99 Veterans Memorial Drive
Warwick, RI 02886