



VULNERABLE PERSON REGISTRY FORM

Amherst Police Department • 500 John James Audubon Drive • Amherst, NY
716-689-1311 • info@apdny.org

Name of Subject:							
Home Address:							
City:		State:		Zip Code:			
Home Phone:				Cell Phone:			
Date of Birth:			Race:			Sex:	
Height:		Weight:		Hair Color:		Eye Color:	
Scars Marks Tattoos:							
Verbal?: (explain)							
Left or Right Handed							
Physician:				Phone:			
Address:							
Driver's License Number:				State:			
Year:		Make:		Model:		Color:	

****PLEASE ATTACH RECENT PHOTO TO THIS FORM****



Alzheimer & Autism WANDERER EMERGENCY INFORMATION FORM

Subject lives with:	N/A	Relationship:	
----------------------------	-----	----------------------	--

Family Contact:		Contact Numbers:		Relationship:	
Family Contact:		Contact Numbers:		Relationship:	
Other Contact:		Contact Numbers:		Relationship:	
Other Contact:		Contact Numbers:		Relationship:	

**What other medical problems does the subject have? If any please explain.
(heart condition, diabetes, etc...)**

Is the subject on any medications? If so, list medications and reasons for taking medication.



Alzheimer & Autism WANDERER EMERGENCY INFORMATION FORM

If the subject wanders, does he/she usually go in a particular direction or to a certain place?
(Mall, park, store, old neighborhood, etc...)

Does the subject carry personal identification? If YES please explain.
(bracelet, wallet, purse, name tag attached inside clothing)

Other additional information that may be helpful