



UPPER SADDLE RIVER POLICE DEPARTMENT

SENIOR CITIZEN AND SPECIAL NEEDS EMERGENCY WATCH PROGRAM

RESIDENT INFORMATION

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

E-Mail:

Pets on premises: Yes No

Type of Pet & Location:

Resident is able to walk: Yes No

List Physical Impairments:

Resident lives alone: Yes No

If no, List Co-Residents:

MEDICAL INFORMATION

Special Needs (i.e. oxygen dependant):

Medications:

Allergies:

Doctors Name:

Phone:

Preferred Hospital:

PRIMARY CONTACT PERSON

Name:

Relation:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Key Holder: Yes No

Has Alarm Code: Yes No

Notes:

SECONDARY CONTACT PERSON

Name:

Relation:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Key Holder: Yes No

Has Alarm Code: Yes No

Notes:

ADDITIONAL INFORMATION