The Hudson Police Department

Cognitive Alert Registry

Please complete this form with all information regarding the person you wish to register:

Name: _____

Address: _____

Phone Number: _____

Employer/ School _____

Identifying Traits:

* Please feel free to add a recent photo of the individual as well *

Gender: Male _____ Female _____ Other _____

Date of Birth: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Race: _____

Glasses: _____

Scars/ Marks or Tattoos: _____

Type of Disability: (Please Explain Below)

_____

_____

_____

Method of Communication: (Please Explain Below)

_____

_____

_____

Best Method of Approach: (Please Include Approach and De-escalation Techniques)

_____

_____

_____

_____

How does the registered person react to Police/ Fire/ EMS personnel?

_____

_____

How does the registered person act when they are upset or scared?

_____

_____

Does the registered person have tendency to run away? (If so please include favorite attractions or locations the person may be found.)

_____

_____

_____

Emergency Contact & Information:

Primary Parent/ Guardian Contact:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

Additional Family Members/ Caregivers: (Please include name & telephone)

1: _____

_____

2: _____

_____

3: _____

_____

Primary Care Physician: _____

Address: _____

Phone Number: _____

Life Threatening/ Serious Medical Concerns:

_____

_____

In the event of an emergency which hospital is preferred?

_____

Any additional Information: _____

_____

_____

The information that you have provided to the Hudson Police Department is voluntary and can be rescinded at any time. It will remain confidential and only be used in the event that is needed to assist the listed participant. It is the responsibility of the caregiver to update the information annually at the Hudson Police Department.