

**Murphy Police Department
CARE Alert! Registration Form**

Name: _____ Age: _____

Address: _____ Date of Birth: _____

Physical Description

Height: _____ Weight: _____ Hair Color: _____ Hair Style: _____

Eye Color: _____ Any other distinguishing marks or scars? _____

Do you have a current or recent face picture? Yes or No

If yes, please attach

Does the individual wear glasses? Yes or No

Does the individual have any medical problems? Yes or No

If yes, please explain _____

Does the individual currently take any prescription medication? Yes or No

If yes, please list _____

If yes, please explain _____

Does the individual suffer from alzheimers? Yes or No

Emergency Contact (1) Name: _____ Phone: _____

Address: _____ City/State: _____

Emergency Contact (2) Name: _____ Phone: _____

Address: _____ City/ State: _____

Emergency Contact (3) Name: _____ Phone: _____

Address: _____ City/State: _____

Name of Person Completing Registration Form: _____ Phone: _____

Relationship to Individual: _____

Disclaimer

The CARE Alert! Registration Form is used as a supplemental tool to assist Murphy Police in the event your loved one gets lost or strays from home. The information contained on this form is **CONFIDENTIAL** and will be secured in a file located in the 24 Hour Police Telecommunications Center. Please notify the Police Department immediately of any changes. The 24 hour contact number for the Police Department is (972) 468-4236. This is a free public service program provided to Murphy any Murphy resident.