



NORTHFIELD POLICE DEPARTMENT
 350 WALNUT AVE., NORTHFIELD, IL 60093 (847) 446-2131

SPECIAL AWARENESS PROGRAM PROFILE
PREMISE ALERT PROGRAM PROFILE

Name:					Nickname:				
Address:					Date of Birth:	Sex: M F	Race:		
Ht.	Wt.	Hair	Eyes	Glasses Y N	Scars / Birth Marks / Tattoos:				
Related Veh. Lic. / Yr / Make / Model / Color (if applicable)									
Medical Condition /Diagnosis:									
Special Considerations:					Unusual behaviors, sensory/auditory issues:				
Primary Care Provider's Name:					Address:				
1st Phone Number Cell:		2nd Phone Number Cell:			Language- English _____ Spanish _____ Other _____				
Home:		Home:			Habits / Places of interest to visit (What do they like to do / go?)				
Business:		Business:			Are they on medications? If yes, list:				
					Describe behavior when not on medication.				
Primary Physician Name & Phone Number (optional):									
Describe any favorite clothing they may have.									
<p>On behalf of myself or as the parent and/or legal guardian of above named person, my signature grants my permission for the Northfield Police Department to maintain photographic record and/or other descriptive information of the named person for purposes of identification only. Furthermore, I understand this information may be shared with other emergency services for purposes of identification only. This record/photo will become the property of the Northfield Police Department for the above stated purpose.</p> <p>I also understand it is the guardian / care provider's responsibility to update this record when physical and / or medical conditions cause a significant change in appearance or at least every two years. I also agree to notify the Northfield Police Department when it is no longer necessary to maintain a record for the involved person, such as relocating out of the area, or when physical condition changes significantly enough maintaining this record is of no benefit.</p> <p>I, the undersigned, for myself and the registrant named above, do hereby authorize the Northfield Police Department to release the aforementioned information in response to emergency calls (includes Missing Person incidents) regarding the registrant and do further agree to indemnify and hold harmless the Northfield Police Department and associated personnel. All the facts herein have been personally verified by me and are true and accurate to the best of my knowledge.</p>									
Signature _____					Date _____				
FOR OFFICAL USE ONLY:									
Received Date					Appointment Date				
Follow-up Call					Data Entered				
Initial / Badge #:					CAD#				