

Pearland Police Department



Safe Return Program Application

Please fill out the application completely. More complete information will enable the department to issue an accurate alert and increase the chances of return. When submitting the application please include a recent picture of the applicant that is large and clear without a busy background. If submitting this form electronically, please email a recent photo of the applicant with subject line "Safe Return Photo" to: safereturn@pearlandtx.gov.

Participant	Information - Please pro	ovide the following	information on	the person participatin	g in the program.	
Last Name:	First Na	First Name:		Middle Name		
Nickname or Alias:	Date	Date of Birth:				
Address:		Apt/Unit #:				
CITY:			ZIP:			
Home Phone:	С	ell Number		Glasses:	Yes No	
Age:	Race:			Sex:	Male Female	
Height:	Wgt:	Hair:		Eye:		
Skin Tone:		Ethnicity:		Facial Hair:	Yes No	
Language:						
Scars/ Marks/ Tattoos:		Location:				
Scars/ Marks/ Tattoos:		Loca	ation:			

Scars/ Marks/ Tattoos:	Location:			
List favorite attractions or locations where the individ	dual may be found in the space provided:			
List favorite toys, idols, topics of discussion, likes/dis	slikes in the space provided:			
Medical Information				
Does the individual have a diagnosis of mental impairment?	Is the caregiver able to provide physician documentation of mental impairment?			
Yes	Yes			
No	No			
List all medical conditions as well as any diagnosis of	of mental impairment:			
List prescribed medications:				
List drug or other known allergies:				
Education				
School Attending/Attended:	N/A:			
Address:				
City:	ZIP:			

Phone:	Grade:			
CITY:				
STATE:	ZIP CODE:	ZIP CODE:		
Emergency Contact Informat least one alternate contact.	ion - Please provide the f	ollowing for parent/guardian/caregiver. Include at		
	rst ame:	Cell Number		
Address:		Apt/Unit #:		
City:	ZIP:			
Relation:	Driver's License #:			
Alternate Contact 1 Check here if you are the per	son filling out this form:			
	rst ame:	Cell Number		
Address:	Apt/Unit #:			
City:	ZIP:			
Relation:	Driver's License #:			
Alternate Contact 2				
	rst ame:	Cell Number		
Address:		Apt/Unit #:		
City:	ZIP:			
Relation:	ı	Driver's License #:		

Acknowledgement and Hold-Harmless

I, the undersigned, for and in consideration of being extended the opportunity to participate as an Applicant/Caregiver in the "Safe Return" Program (hereinafter, "Program") facilitated by the Pearland Police Department (hereinafter, "Department"), give the City of Pearland (hereinafter, "City"), the Department, and its representatives permission to disseminate information included in this application, and/or acquired through the investigation of a missing person, as deemed necessary to locate the Applicant in the event he/she is reported missing or endangered in any way that requires law enforcement assistance.

I understand that Applicant and/or Caregiver personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations, and the general public in the course of law enforcement providing assistance finding Applicant, and I will not hold the City, the Department, or their representatives liable for any misuse of said personal information. I hereby do assume all risks of injury to Applicant and/or Caregiver arising out of or in any way incident to the above mentioned dissemination of information; that I have read Program information, and with this knowledge I assume whatever risk such Program participation may cause to my person or to a person under my care; and I am free of any condition or limitations which would hamper my ability to participate in said Program.

I, the undersigned, for the above-mentioned consideration have convenanted and hereby do covenant never to sue or bring any legal or equitable action in any court whatsoever against the City for any such injury. I further release the City and any officer or employee of the City from any claim whatsoever on account of any services rendered to me as a result of my participation in the aforementioned Program. I hereby assume responsibility for all costs incurred by said participation.

I further understand that I may submit a written request that Applicant's "Safe Return" designation be removed from Department records at any time, and I further understand that this removal will be conducted in compliance with any relevant law relating to records retention or other legal obligations held by the City.

Printed Name:	Date:					
Signature	E-mail					
******	******************* OFFICE USE ONLY	- DO NOT WRITE BELOW THIS I	LINE ************			
Received by:		Date Received:				
Applicant Name Record Created?	Emergency Contact Names Created?	Alert Added to Applicant Name Record?	Premise Alert Added to Applicant Address?			
Applicant Photo Received and Attached to Record?	Packet scanned into Applicant Name Record?	Date Completed:				