
Scars/
Marks/
Tattoos:

Location:

List favorite attractions or locations where the individual may be found in the space provided:

List favorite toys, idols, topics of discussion, likes/dislikes in the space provided:

Medical Information

Does the individual have a diagnosis of mental impairment?

Yes

No

Is the caregiver able to provide physician documentation of mental impairment?

Yes

No

List all medical conditions as well as any diagnosis 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:

Emergency Contact Information - Please provide the following for parent/guardian/caregiver. Include at least one alternate contact.

Last Name: First Name: Cell Number

Address: Apt/Unit #:

City: ZIP:

Relation: Driver's License #:

Alternate Contact 1 Check here if you are the person filling out this form:

Last Name: First Name: Cell Number

Address: Apt/Unit #:

City: ZIP:

Relation: Driver's License #:

Alternate Contact 2

Last Name: First Name: Cell Number

Address: Apt/Unit #:

City: ZIP:

Relation: 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 covenanted 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 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: