

**HIGHLAND PARK POLICE DEPARTMENT
ELDERLY AND AT-RISK RESIDENT
SEVERE WEATHER COURTESY WELL-BEING CHECK
APPLICATION FORM**

Date:

Name(s):

Address:

Home Phone: Cell Phone:

Vehicle Information (Make, Model, Color, Year, Plate #)

Special Considerations:

Special Medical Needs:

Emergency Contacts:

Name:
Address:
Home/Cell Phone:
Relation:

Name:
Address:
Home/Cell Phone:
Relation:

I, the undersigned, for myself and/or the registrant named above do hereby authorize the **Highland Park Police Department** to release the aforementioned information in response to Emergency Calls (including Missing Persons and well-being check incidents) regarding the registrant and do further agree to indemnify and hold harmless the **Highland Park Police Department** and personnel (placed) associated with it. I understand that severe weather, well-being checks are provided as a courtesy only and should not be construed as a care-giving service.

Print name _____

Signature _____

Date: _____