



Saugus Police - Safe Watch Program

THE SAUGUS POLICE DEPARTMENT IS COMMITTED TO THE SAFETY OF OUR RESIDENTS WHO MAY HAVE A DISABILITY OR CONDITION WHICH WOULD CAUSE THEM TO WANDER FROM THEIR SAFE ENVIRONMENT. WITH THIS IN MIND, THE SAUGUS POLICE DEPARTMENT HAS INITIATED A SAFE WATCH PROGRAM DESIGNED TO PROACTIVELY GATHER PERTINENT AND RECENT INFORMATION ON THE INDIVIDUAL SO THAT, IF A PERSON SHOULD GO MISSING, WE ARE PREPARED IMMEDIATELY TO BEGIN AN INFORMED SEARCH, DEPLOYING RESOURCES CONSTRUCTIVELY WITH THE BEST CHANCE OF RETURNING THE INDIVIDUAL TO THEIR SAFE ENVIRONMENT AS QUICKLY AS POSSIBLE. RESPONSIBLE FAMILY MEMBERS OF THESE INDIVIDUALS ARE ENCOURAGED TO MAKE USE OF THIS PROGRAM BY FILLING OUT THE FORM BELOW WITH AN OFFICER AND UPDATING IT WITH THE POLICE DEPARTMENT AS NECESSARY.

Subject's Profile

Last Name _____ First Name _____ Date of Birth _____
Address _____ Town _____ County _____
Current Physical Description _____
Gender _____ Height ___ ft ___ inches Weight _____ Eye Color _____ Hair Color _____
Identifying Marks (e.g., tattoos, birthmarks, scars) _____
Identifying Items (e.g., jewelry, tags, ID card, MedicAlert bracelets) _____

Medical Conditions

Autism Deaf Diabetes Mental Health Issues Blind Dementia / Alzheimer's
 Other developmental disability Nonverbal Physical disability Seizures Brain injury
Prescription medications and frequency _____
Treatment or medical procedures to avoid _____

Notes

Sensory or dietary issues; any other relevant medical issues _____
Is he / she likely to wander away? _____
Habits / Preferences _____
Favorite attractions or places _____
Distinguishing behaviors / Signs of distress _____
Favorite objects, toys, topics, likes or dislikes _____
Effective approach and de-escalation techniques _____
Preferred communication method (e.g., if non-verbal, sign language, pictures, printed words) _____

Emergency Contact

Primary Contact Name (parents / guardians / care providers) _____
Address _____ Town _____ County _____
Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Alternate Contact Name

Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Alternate Contact Name #2

Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Additional Notes

*Use the reverse side of this paper for additional notes. Please bring this form(s) along with a recent photo, to the Saugus Police Department, 27 Hamilton Street, Saugus. Or download at www.sauguspd.com/forms/safewatch.pdf