



Cushing Police Department  
Alzheimer's Emergency Contact Form

☐ New Form    ☐ Renewel

Name of subject:

Nickname if any:

Date of birth:

Height:

Weight:

Eye color:

Hair color:

Scars or identifying marks:

Medical conditions:

Address:

City :

State :

Zip :

Home Phone :

Other Phone :

Veh Make:

Veh Model:

Veh Color:

License Number:

Method of communication, if non verbal:  
sign language, picture boards, written  
word, etc:

Identification worn: ex: jewelry/Medic  
Alert, clothing tags, ID card, tracking  
monitor, etc:

Current prescriptions (include dosage):

Sensory, medical, or dietary issues and  
requirements, if any:

Inclination for wandering behaviors or  
characteristics that may attract attention:

Favorite attractions and locations where  
person may be found if missing:

Likes and dislikes (include approach and  
de-escalation techniques):

Medical Care Providers:

Name :		Phone Number :	
Name :		Phone Number :	
Name :		Phone Number :	

Caregiver :		Home Phone :	
Address:		City :	
		State :	
Zip :		Cell Phone :	
		Work Phone :	
Email/Other Contact Information :			

Emergency Contact Name:		Home Phone :	
Address:		City :	
		State :	
Zip :		Cell Phone :	
		Work Phone :	

Please check below if information can be released to :

☐ Law Enforcement

Save and E-Mail to  
policechief@cityofcushing.org