



Edward J. Guy III
Chief of Police

TOWN OF HAMILTON MASSACHUSETTS POLICE DEPARTMENT



Phone: (978) 468-1212
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Hamilton Police Silver Alert Program

The Silver Alert Program provides support to family members caring for adults afflicted with serious memory impairments such as Dementia and Alzheimer's disease who are "At Risk" for wandering. The Silver Alert Program provides the Hamilton Police Department with vital information about potential "At Risk" residents in the Town who may wander, or have the potential for getting lost.

This program takes a proactive approach toward protecting some of Hamilton's most vulnerable citizens who suffer from serious cognitive impairments. The Silver Alert Program is a partnership between the Hamilton Police Department and the Hamilton Council on Aging.

To participate in the Silver Alert Program please complete the registration form and provide a current photo of the registrant. This personal and medical information will be entered into a confidential database at the Hamilton Police Department and will be utilized in a recovery plan should the need arise. Having this key data will reduce police response time, and in turn, may save lives.

Registration forms will be available at the Hamilton Police Station, Hamilton Council on Aging or online at <https://www.hamiltonma.gov/government/police-department/> or <https://www.hamiltonma.gov/government/council-on-aging/>. Please return the completed form and photo to either the Hamilton Police Department 265 Bay Rd Hamilton, Ma. 01982 or the Hamilton Council on Aging at 299 Bay Rd Hamilton, Ma. 01982. Please write attention to Officer Jake Santarelli. If you have any questions, please contact Hamilton Police Elder Affairs Officer Jake Santarelli at 978-468-1212.

If there is a LOST or MISSING person, please call 911

*265 Bay Road
Hamilton, Massachusetts
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Silver Alert Pre-Registration Form

Report Number: _____

Patient's Last Name: _____ First: _____ Preferred Name: _____

Home Address: _____

Former Address: _____ Dates Resided @ Address: _____

Other address' if applicable: _____

Does resident live alone?: Yes No Date of Birth: _____ Gender: _____

Emergency Contact # 1 Relation: _____ Name: _____ Best contact number: _____

Emergency Contact # 2 Relation: _____ Name: _____ Best contact number: _____

Primary Care Physician name and telephone number _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Hair Style: _____ Facial Hair: _____

Other Significant identifying marks (scars, tattoos, etc.): _____

CONDITION	MEDICATION	DOSAGE	PHARMACY	TREATING PHYSICIAN

Cognitive Impairment

Non-Verbal

Deaf

Blind

Diabetic

Does he/she currently drive (or have access to vehicle)? Yes No If yes is checked, please complete next line.

Year & Make of Vehicle: _____ Vehicle Color: _____ Registration Number: _____ License Number: _____

Places of Employment & Dates:

Favorite attractions or locations:

Atypical Behaviors/characteristics that may catch the attention of responders:

Method of preferred communication, verbal or non-verbal:

Any other identifying information (jewelry, tags, ID card, medical alert bracelet, etc.):

Verbal authorization by caregiver _____, on _____ I authorize the release of information for the purpose of pre-registering _____ to the Silver Alert database and acknowledge they will keep this information in the Massachusetts database