

Vulnerable Persons Registry

Subject Profile

Please enter all pertinent information and return with a photograph to the Kennebecasis Regional Police Force, 126 Millennium Drive.

If you cannot print this form, you may pick up a paper copy at the front desk of the police station.

Vulnerable Person	
Definition	This form allows citizens to register vital information pertaining to vulnerable family members or other persons in their care. This information will be used to assist police and other emergency services personnel, in the event of an incident involving the registered person.
Examples	Alzheimer's disease, Dementia, Parkinson's, Autism Spectrum Disorder, Acquired Brain Injury, etc. Not all persons afflicted with these conditions need to be registered – only if the caregiver or family member believes that their condition affects their cognitive ability AND they may pose a danger to themselves or others.

Identification of Vulnerable Person

Surname:	Given Names:
Home Address:	Date of Birth (YYYY-MM-DD):
	Sex:
	Phone:
Employer/School:	Employer/School Address:

Caregiver Contacts

Name:	Address:
Preferred Language:	Relationship:
Phone(H):	Phone(W):
Email:	Phone(C):

Medical Contacts

Name:	Address:
Preferred Language:	Relationship:
Phone(H):	Phone(W):

Profile of Vulnerable Person

Race:	Hair Colour:	
Complexion:	Hair Description:	
Height:	Eye Colour:	
Weight:	Languages Spoken:	
Remarks:		
Unique Descriptions:		
Wandering History: <input type="checkbox"/> None <input type="checkbox"/> Repeat (1 to 4 times) <input type="checkbox"/> Habitual (Over 4 times)		
Living Arrangement: <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> Institution:		
Other:		
Hearing Aids: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> N/A	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> N/A	Visual Aids: <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> N/A
Health Concerns (Allergies, medication being taken, medical conditions, etc.):		
Visible Identifying Marks (Tattoos, scars, deformities, marks, amputations, etc.)		

Vulnerable Person Details

Method of Communication:
Identification Worn:
Favourite attractions/locations where person may be or any fixations that may attract:
Best method of approach:
Life threatening medical concern:
Any other relevant information:
Information should also include what NOT to do:

It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the Kennebecasis Regional Police Force is notified in writing of any changes.

Annual registration is required to keep your form active. It is the responsibility of the applicant to re-submit the form. It is recommended that you re-submit on the registrant's birthday to make it easier to remember.

Please include a recent photo of the Vulnerable Person below:

