



Suffield Police Department Project Keep Me SafeCard



Please complete the following information for whom the Project Keep Me SafeCard is intended for.
Parent/Caretaker/Guardian can include their name as an "Emergency Contact" if appropriate.
Applications can be submitted to Suffield Police Department by mail, hand-delivery or email. If email is preferred, please email applications to:
projectkeepmesafe@suffieldct.gov

1. Name:

First: _____ Middle: _____ Last: _____

2. Date of Birth/Gender/Descriptions:

Date of Birth: _____ Gender: _____ Height: _____

Weight: _____ Eye Color: _____ Race: _____

Nickname: _____

3. Address:

4. Cell Phone Number (if applicable):

Carrier of Cell Phone (i.e. Verizon, T-Mobile, etc)

5. Driver License Number (if applicable): _____ State: _____

6. Hearing Impaired : Yes _____ No _____

7. Visually Impaired: Yes _____ No _____

8. If 18 years or older, legal ability to make decisions regarding medical, financial, and personal affairs:

Yes: _____ No _____

If the previous question (#8) was answered "no" please explain the legal limitations and who has such authority to make decisions:

9. Hospital Choice: _____



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10. Medical Conditions: (Include Clinically Diagnosed Psychological Disorders)

11. Important Information: (Information that could help First Responders safely care for and communicate with the individual (ie: does not like loud noises, can use sign language, responds well to females, can become combative when agitated, etc)

12. Emergency Contact:

1. Name: _____
2. Relation: _____ Phone: _____

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2. Relation: _____ Phone: _____

13. Picture: Please provide a recent photograph that can be used on the Project Keep Me SafeCard. Please email photo to: projectkeepmesafecards@suffieldct.gov

14. Parent/Guardian/Caretaker completing this form, please provide the following regarding yourself:

Name: _____ Relation: _____

Date of Birth: _____ Sex: _____ Phone: _____

Email: _____

Address: _____

Photograph uploaded ____ Card Completed ____ Application Scanned ____ CFS Generated ____ CFS Written ____ Card Mailed ____

***Funded by Foundation for Exceptional Children of Suffield**