



LOUDON POLICE DEPARTMENT

8 Cooper Street

55 S. Village Rd, STE 6 (mailing)

Loudon, NH 03307

603-228-1631 Emergency - 603-798-5521 Administration



Chief Kristoffer R. Burgess

The Loudon Police Department is happy to announce the implementation of the Just In Case Program. This will allow the Police Department to keep track of information for vulnerable adults. Examples of a vulnerable adult would include alzheimers patients, dementia or any other special needs where the individual may wonder or become lost. Maintaining these records in our database will help us to access the information for the individual quicker and more effectively. These records will also have a picture attached to them so that officers and the public (if needed) will know what this missing adult looks like.

REQUIREMENTS:

Vulnerable adult must reside within the Town of Loudon.

Complete Loudon Police Department Just In Case Form.

Picture of the adult within the last three months.

This program is strictly voluntary and meant as a community policing tool to assist us and the families of vulnerable adults to get the individuals home quickly and safely. Forms are available at the Police Department during normal business hours: Monday through Friday 08:00 A.M. to 04:00 P.M.

If you have any questions, comments or concerns about this program, please contact Lieutenant Dana Flanders at 603-798-5521 ext. 402 or dflanders@loudonpolice.com



**LOUDON POLICE DEPARTMENT
JUST IN CASE FORM**



Last name: _____ First name: _____ Middle name: _____
Nickname(s): _____ Date of Birth: _____ Age: _____
Address: _____ Town: _____ State: _____
Telephone: _____ Race: _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____
Eye color: _____ Scars/marks/tattoos: _____

MEDICAL:

Physician's Name: _____ Telephone: _____
Medical Conditions: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____
Address: _____ Town: _____ State: _____
Daytime phone: _____ Evening phone (if different): _____

ADDITIONAL CONTACTS:

Name: _____ Telephone: _____
Name: _____ Telephone: _____

Additional Information (places frequented, allergies etc.):

I **do/ do not** wish to have the information used as a part of a news release if the above individual becomes part of a silver or missing persons alert.

Signature: _____ Loudon P.D. Staff: _____
Report #: _____ Date: _____