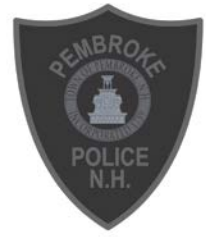


Chief of Police
Michael R. Stark

40 Allenstown Rd., Allenstown NH 03275
Phone: (603)485-9500 Fax: (603)485-9589



Chief of Police
Gary Gaskell

247 Pembroke St., Pembroke NH 03275
Phone: (603)485-9173 Fax: (603)485-4028

Serving the Towns of Allenstown and Pembroke

Just In Case Program

The *Just In Case Program* is a comprehensive town-wide registry of elderly/vulnerable community members (dementia, autism, etc.). As its name might suggest, *the Just In Case Program* functions as an emergency tool in the event that an individual wanders and becomes lost or disoriented. Allenstown & Pembroke Police officials may then refer to the *Just In Case* database for easy identification in order to provide a quick and safe return of that individual.

The program consists of a digital photo of the individual along with personal information (name, date of birth, address) along with emergency contact information and any important medical information. This information will be kept in both the Allenstown & Pembroke Police database(s) and remain confidential. Both Allenstown & Pembroke Police Departments will accept registrations from residents of **Allenstown, and Pembroke.**

Family, friends, and caregivers interested in registering someone in the *Just in Case* database may do so by contacting:
(Allenstown) Officer Hannah Higgins at hhiggins@allenstownnh.gov or at (603)485-9500
(Pembroke) Lieutenant Dawn Shea at dshea@pembroke-nh.com or at (603)485-9173 x2205

Individual Info:

Last Name: _____ First: _____ Middle: _____ Nickname(s): _____
Street Address: _____ City: _____ State: _____ Zip: _____ County: _____
Telephone Number: _____ Date of Birth: _____ Age: _____ Race: _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Language(s) Spoken: _____

Medical Info:

Physician's Name: _____ Physician's Telephone Number: _____
Medical Condition(s): _____

Emergency Contact Info:

1. Emergency Contact (Primary):
Name: _____ Address: _____
Home Phone: _____ Work/Cell: _____ Relationship to Applicant: _____
2. Emergency Contact:
Name: _____ Address: _____
Home Phone: _____ Work/Cell: _____ Relationship to Applicant: _____
3. Emergency Contact:
Name: _____ Address: _____
Home Phone: _____ Work/Cell: _____ Relationship to Applicant: _____

ATTACH RECENT PHOTO OF INDIVIDUAL