



City of Kawartha Lakes Police Service

Vulnerable Person Registry Form

Attach a recent photo of the individual upon completion of registration form.

Vulnerable Person

New Registration Renewal

Diagnosis/Disability: _____

Surname: _____

(Family name of vulnerable child or adult)

Given Names: _____

(Please provide all the given names)

Nickname: _____

Gender: Male Female Date of Birth: _____

Residential Address

Street Address: _____ Unit/Apt # _____

City: Lindsay Province: Ontario Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Employment / Educational Institute

Employer/School: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ ext. # _____

Family Physician

Name: _____ Phone Number: _____

Street Address: _____ Unit/Suite # _____

City: _____ Province: _____

Physical Characteristics

Height: _____ Weight: _____ Build: _____

Complexion: _____ Hair Colour: _____ Hair Style: _____

Facial Hair: _____ Facial Hair Colour: _____ Eye Colour: _____

Glasses /Contacts: _____ Hearing Device: _____

Communicates: Verbally _____ Non-Verbal _____ Method to Communicate: _____

Marks/Scars/Tattoos/Piercings

Body Location: _____

Does the individual wear or carry any identification on them?
(Please list)

Does the individual have an inclination to wander towards specific areas and/or favorite attractions?
(Please list)

Does the individual have a set daily routine - *Example: walks, visits coffee shops, etc.?*
(Please list)

What is the best method to approach this individual? Include de-escalation techniques if required:

Please list any life threatening medical concerns:

Please list any medication that is required or any other relevant information:

If the person has access to a car please provide the following information:

Make/Model & Year of Vehicle: _____

Colour of vehicle: _____ Licence plate number: _____

Registered Owner of the vehicle: _____

Emergency Contact for Registrant:

Name: _____ Relationship: _____

Street Address: _____ Unit/Apt # _____ City: _____

Province: _____ Phone Number: _____ Cell Number: _____

This form must be completed by the Vulnerable Person's Legal Guardian

Registration form completed by: _____

Email Address: _____

Date of Birth: _____ Relationship to Registrant: _____

Street Address: _____ Unit/Apt # _____ City: _____

Province: _____ Phone Number: _____ Cell Number: _____

I hereby declare that the information provided in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Vulnerable Person Registry PRIVACY POLICY

Through this form, Kawartha Lakes Police Service (KLPS) will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail, address, mailing address and other similar information ("personal data") when it is voluntarily submitted under Sec 29(1)(a) MFIPPA.

KLPS will use your personal data to respond to requests you make of us and/or interacting with the person name.

We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and/or your family.

This information may be accessed by other police agencies through the Police Information Portal however consent must be provided for the use of such information.

Kawartha Lakes Police Service will share this information with Kawartha Lakes Emergency Medical Services and Fire Departments. This information is used for emergency purposes only.

It is acknowledged that it is your responsibility to ensure that the information collected is current and valid, and that the KLPS is notified in writing of any changes. The retention, as well as any other use or disclosure, of the information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, c. M.56

Do you accept the above privacy policy?

Yes

No

Submit Registration Form To:

Kawartha Lakes Police
Service
c/o Sergeant Cox
6 Victoria Avenue North
Lindsay, Ontario K9V 4E5

OFFICE USE ONLY

Approved by: _____

Date: _____