

Washington, NH
Good Morning Program

Name _____ DOB _____

Mailing Address _____

Residence Address _____

Home Phone # _____ Mobile Phone# _____

Another Phone # _____

Physician _____

Name

City/State

Physician Phone# _____

Pre-existing Medical Conditions which we should be aware of:

People to contact in case of emergency

1. Name _____ Phone # _____

Address _____

2. Name _____ Phone # _____

Address _____

Do you reside in Washington year-round? YES NO

If not, what is your typical time of residency? _____

Do you drive? Yes No

If Yes, please fill out the following information pertaining to your vehicle:

Year

Make

Model

Color

Where is your vehicle typically parked when you are at home? _____

Are you on or interested in our Emergency Assistance List? Yes No

Return application to Washington Police, 5 Halfmoon Pond Rd. Washington