

# MARION COUNTY SHERIFF'S OFFICE

JIMMY SHINN  
SHERIFF



LISA JONES  
CHIEF DEPUTY

## SENIOR WATCH PROGRAM

PARTICIPANT					
LAST NAME:		FIRST NAME:			
DOB:	SSN:	HOME PHONE:			
ADDRESS:			CELL PHONE:		
RACE:	SEX:	HGT:	WGT:	HAIR COLOR:	EYES:
SPECIAL NEEDS:					
VEHICLE MAKE:		VEHICLE MODEL:		VEHICLE YEAR:	
VEHICLE COLOR:		LICENSE NUMBER:		LICENSE STATE:	
MEDICAL INFORMATION					
DOCTOR'S NAME:			PHONE:		
HOSPITAL:					
CHRONIC ILLNESSES:					
ALLERGIES:					
MEDICATION:					
DO YOU HAVE A LIVING WILL?		YES	NO	(CIRCLE ONE)	
DO YOU HAVE AN OFFICIAL AND SIGNED DNR (DO NOT RESUSITATE) FORM AT HOME?					
YES		NO		(CIRCLE ONE)	
LOCATION OF LIVING WILL AND DNR FORM:					
DURABLE POWER OF ATTORNEY					
NAME:			HOME CELL PHONE:		
ADDRESS:					