

R911 Guardian Program – Registration Form

Name: _____ Phone #: _____ D.O.B: _____

Address: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Is there a neighbor that we can contact to check on you? YES NO If **YES**, give name, address and phone number of that neighbor:

Name: _____ Phone #: _____

Address: _____

Does the above person have a key to your home? YES NO If **NOT**, who does have a key?

Name: _____ Phone #: _____

Are you allergic to any medications? YES NO If **YES**, please name the medication(s):

List any medical condition(s) for which you are currently being treated: _____

In the event of death, whom do you wish us to notify? Name: _____

Relationship: _____ Address: _____ Phone: _____

Check when to be contacted: SUN MON TUES WED THURS FRI SAT ALL
SPECIFY TIME: _____

Any other information that you feel would be helpful to us in case of emergency? _____

Aventura Police Department

R-911 Guardian Program Guide & Application



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