

SPOTSYLVANIA SHERIFF'S OFFICE



PROJECT LIFESAVER



CLIENT INFORMATION

PLS Client Name: _____

PLS Client Address: _____

City, State, Zip _____

(Name of Facility/School – if applicable) _____

Phone #s: _____
Cell Home or Alt. Phone #

RACE:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>	HEIGHT:	WEIGHT:
HAIR COLOR:	EYE COLOR:	DOB:	AGE:
DISTGUSHING MARKS (SCARS/TATTOOS):			

CAREGIVER #1

NAME: _____
CELL PHONE: _____ HOME PHONE: _____
EMAIL: _____
PHYSICAL ADDRESS: _____
(CITY, STATE, ZIP) _____

CAREGIVER #2

NAME: _____
CELL PHONE: _____ HOME PHONE: _____
EMAIL: _____
PHYSICAL ADDRESS: _____
(CITY, STATE, ZIP) _____

MEDICAL CONDITIONS

Any known medical conditions?

Medications taken daily?

List any medications and dosages: