

Newmarket Police Department

“Just in Case” Program Application

The Newmarket Police Department’s “Just in Case” program is aimed at providing first responders with critical information about our most vulnerable community members during an emergency. The information collected will be stored in our secure records management system, with access limited to those who have a need to know.

The goal is to have vital information at hand that can save time and help ensure a swift, safe, and positive outcome in an emergency. The program is oriented towards people with memory, cognitive, or intellectual disabilities, but anyone maybe eligible based upon specific needs.

We ask that you fill out as much of the information as possible, so that we can have the most accurate and up-to-date information about your loved one as possible. You are not required to fill out all of the information if for any reason you’re not comfortable doing so. In the event of a medical emergency, this information may also be shared with appropriate personnel from Newmarket Fire Rescue.

If you have any questions about the program or the application, please feel free to contact the station at anytime at (603) 659-6636

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Please provide the following information about your loved one:

Last Name: _____ First Name: _____ Middle Name: _____

Nickname(s): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Street Address: _____

Telephone #: _____ Date of Birth: _____ Age: _____

Scars, Marks, or Tattoos: _____

Languages Spoken: _____

Please e-mail a recent photo of your loved one to sobrien@newmarketnh.gov

Medical Information:

Please describe known/diagnosed disabilities (Dementia, Alzheimer's, Autism, Downs Syndrome, etc):

Please describe other known/diagnosed medical conditions: (Diabetes, cardiac issues, high BP, hard of hearing, etc):

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Medical Information (continued):

Physicians Name: _____ Physicians Phone Number: _____

Preferred Hospital: _____

Does the applicant have a Power of Attorney? _____

If yes, please provide that persons name and contact information:

Does the applicant have a guardian? _____

If yes, please provide that persons name and contact information:

Please provide a list of prescription medications: _____

Please describe any "triggers" that your loved one might find upsetting during an emergency response: _____

Please describe any things or actions your loved one finds comforting or welcoming:

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Emergency Contacts:

Emergency Contact (Primary):

Name: _____

Street Address: _____

Home Phone: _____ **Work/Cell:** _____

Relationship to Applicant: _____

Emergency Contact (Secondary):

Name: _____

Street Address: _____

Home Phone: _____ **Work/Cell:** _____

Relationship to Applicant: _____

Please provide any additional information you feel could be useful to responders:
