

MEDICAL ALERT INFORMATION

Please print all information regarding the concerned individual/address:

Name: _____ D.O.B: _____

Address: _____

City: _____

Phone: _____ Do you require the use of a TDD? (Telecommunications Device for the Deaf) Yes: No: (Choose one option only)

Please check the space provided for all conditions which apply:

_____ Use a cane/wheelchair/walker	_____ Asthma	_____ High Blood Pressure
_____ Blind/Difficulty seeing	_____ Using Oxygen	_____ Deaf/Hard of Hearing
_____ Psychiatric/Emotional Problems	_____ Diabetic	_____ Seizures
_____ Heart Condition	_____ Pets in Residence	_____ Difficulty Speaking
_____ Allergic to any medications (please list):		

Other: _____

I hereby authorize entrance to my residence by any law enforcement and/or fire and rescue personnel if it is believed that I am in need of assistance
And am incapacitated. In case of an emergency, please notify:

Name: _____ Relationship _____

Address: _____ Phone Number: _____

Signature: _____ **Date** _____

***A separate form should be completed for each individual member of the residence to whom conditions apply (i.e., one for husband, one for wife).

This information will be kept on file at Livingston County Central Dispatch and will NOT be released to anyone without your consent. Your

Signature certifies that the information is accurate and authorizes entry into your residence in case of an emergency.

MAIL COMPLETED FORM TO: LIVINGSTON COUNTY CENTRAL DISP ATTN: MEDICAL ALERT INFORMATION 300 S. HIGHLANDER WAY (517) 546-4620 HOWELL, MI 48843.

**If you have any questions or
Need assistance, please call
(517) 546-4620**

LCCD USE ONLY

Date received:

Date entered:

Entered by: