



# Centre County 9.1.1 Emergency Communications Residential Emergency Response (Alert) Form

Willowbank Building ★ 420 Holmes St., Bellefonte, PA 16823 ★ 814-355-6800

Fax: 355-6776 email Barbara at: bcberenty@centrecountypa.gov

This information will be used when responding to emergencies at your residence. It may be relayed electronically, or by radio, by the staff at Centre County 9.1.1 Emergency Communications Center, to police officers, paramedics, firefighters or other emergency personnel. It will only be shared with responders during an emergency at the address listed below. Completing this form, and providing the personal information it includes, is entirely voluntary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt : \_\_\_\_\_

Borough or Township: \_\_\_\_\_ Lock Box/Entry Code: \_\_\_\_\_

Phone Numbers (include Area Codes): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: (to be used during the review process) \_\_\_\_\_

Yes  No  I have a list of medications and other essential medical information posted on my refrigerator.

Do you have a service animal? Yes  No  Do you have an MHID disorder or mental impairment? Yes  No

### MEDICAL or SPECIAL NEEDS CHECKLIST

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically impaired
- Dementia/Alzheimers
- Difficulty walking:**  manual wheelchair
- motorized wheelchair
- over 300 lbs/bariatric
- completely bedridden

### REMARKS FOR RECORD:

(**example** : on ventilator; requires constant skilled nursing care; non-verbal—understands & communicates by lpad)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact:** (contact info will only be given to responders if needed. Contacts are not phoned for 9.1.1 calls.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I have independently made the determination that this information is beneficial to me and my family for emergency purposes. I authorize emergency personnel to have this data. I understand my completing this form is entirely voluntary, and that I can revoke this release of information at any time. It is my responsibility to provide Centre County 9.1.1 with changes, and those changes are to be done in writing. I acknowledge this information will be reviewed and verified every six (6) months from date of signature. If I do not reply in writing during the review process, these "remarks" will automatically be removed from record. Neither Centre County, nor any government entities or their employees or subcontractors, are liable for any loss or damage resulting from the good faith, exercised by them, of their discretion to use - or not use - the provided information.

I have read and agree to the principles listed above. The information I have provided in this form is true and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_