



Lee County Public Safety Answering Point
 316 South Hennepin Avenue, Dixon, IL 61021 Phone: 815-288-5911
Premise Alert Program (PAP)
 Medical Alert Form

Medical Alert Information for:				<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal
Name _____			Employed By (if applicable) _____			
Home Address _____			Work Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____	
Home Phone _____	Cell Phone _____		Work Phone _____	Other Phone _____		
_____	(____) M	(____) F	_____	_____	_____	_____
Date of Birth _____	Sex _____		Height _____	Weight _____	Eye Color _____	Hair Color _____

Medical Alert/Needs Information-advise nature of medical condition for this person (Please type or write legibly)

Please advise what type of precautions Emergency Service personnel should be aware of (if any):

Information Provider/Contact Person (must be individual, family member, friend, caregiver, or medical personnel familiar with individual)

Name _____			Relationship to Special Needs Person _____			
Address _____			City _____ State _____ Zip _____			
Home Phone _____	Cell Phone _____		Work Phone _____	Alternate Phone _____		

Where should responders look for a list of conditions and medications: _____

(This list **must** be kept current)

Lee County Public Safety Answering Point (PSAP)
CAD Medical Alert Program Form

The Lee County PSAP allows individuals with special medical concerns/needs to provide information to the 911 Center to be maintained in a database, on a case by case basis. The information, in turn, is to be disseminated to responders dealing with situations involving the medical condition/need.

By completing and signing below, you are acknowledging the following and verifying the information provided is true and accurate:

1. By participating in this program the participant acknowledges that this provision of medical needs information **will not result in preferential treatment.**
2. The PSAP and/or responding agencies will not be held liable for duties relating to the reporting of medical needs individuals.
3. All information entered into the CAD Medical Alert database **must** be updated every one (1) year or when such information changes. The participant or their designee is responsible for renewing or updating the form.
4. This program is completely voluntary.
5. The information gathered as part of this CAD Medical Alert Program shall remain confidential and used only to provide medical, fire, and law enforcement responders information needed to effectively deal with situations or emergencies involving a medical needs person.
6. The information provided will be disseminated to the emergency responders in a variety of communications technologies; this will include but not be limited to the following:
 - a. Radio communications
 - b. Computer communications
 - c. Telephone Technology
 - d. Other communications technologies as utilized by the PSAP

I understand and agree to the terms and conditions set forth herein:

_____ Signature

_____ Date

Send completed Forms to the following via:

Lee County 911 Center OR FAX: 815-288-5913
316 South Hennepin Avenue OR
Dixon, IL 61021 Email: sdallas@countyoflee.org

Contact: Shelley Dallas, 911 Director Phone: 815-288-5911

Public Safety Agency Use Only:	
Date Received by Agency: _____	Received By: _____ ID # _____
Date Received by PSAP: _____	Received By: _____ ID # _____
Date Entered into CAD: _____	Entered By: _____ ID # _____