
Last Name, First Name of Individual

Date Form was Submitted

PREMISE ALERT REQUEST FORM
PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name _____

Date of Birth _____

Address: _____

County: _____ Township/Borough/Municipality: _____

Individual's Current Physical Description:

Male Female

Height: _____ Weight: _____

*Attach recent
photo here*

Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR PURPOSES OF THIS FORM AND THE PREMISE ALERT SYSTEM AND PROGRAM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUALS HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE.

Relevant Medical Conditions:

Blind Deaf Non-Verbal Physical Disability Developmental Disability

Mental Retardation Autism Mental Health Challenges Diabetes

Prone to Seizures Alzheimer's Disease Dementia Acquired Brain Injury

Other Relevant Medical Conditions, area for further explanation:

* The name of the individual described on this form may be left off for reasons of privacy or confidentiality. However, in situations involving group homes, foster-care homes, or supportive living arrangements, one may simply enter the first name of the Individual to protect confidentiality. (That will not affect the acceptance or further processing of the information on this form.)

Prescription Medications needed:

Sensory or dietary issues, if any:

Additional information First Responders may need:

Does the Individual live alone? _____

Is he/she likely to wander off? _____

Location of bedroom or likely place to find them in the household/residence at night:

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact's Address:

County: _____ **Township/Borough/Municipality:** _____

Emergency Contact's Phone Numbers:

Home: _____ **Work:** _____

Cell Phone: _____ **Pager:** _____

TTD/TTY: _____

Name of Alternative Emergency Contact: _____

Home: _____ **Work:** _____

Cell Phone: _____ **Pager:** _____

TTD/TTY: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of Responders:

Individual's favorite toys, objects, discussion topics, likes, or dislikes:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

IMPORTANT: Please review the following before completing, signing, and/or submitting this Premise Alert Form

If you choose to respond, the information may be submitted and added to the local, city, county, or state police dispatch systems for Emergency Operations.

Responding to this form is voluntary. This form may be filled out by the individual living with the specified health challenge or disability, their parent/guardian (in the case of a minor), assigned caregiver, or recognized representative. If an individual or their representative chooses to use this form, they must provide their signature on the last page. (The signature of the person completing this form is required to process the information contained on the form.) In addition, this information may be removed from files periodically. Therefore, it is recommended that individuals or their representatives update and submit this form every year to ensure that files are kept updated and accurate.

Please be aware: The information provided on this form may assist police, fire, or emergency response personnel, when they are responding to an emergency or other call from your home, for purposes of identifying and/or assisting you or another Individual in your household who is living with a disability or health challenge.

Required Acknowledgment and Signature/s of Individual/s Completing and Submitting this Premise Alert Form:

By completing this Premise Alert Form, I acknowledge that the information provided above was given and submitted voluntarily and accurately for the sole purpose of assisting Police, Fire, and Emergency Response Departments, to more effectively respond to a potential emergency in or near my household. I, therefore, authorize the use of this information for those purposes and to the maximum extent that I am empowered to do so, waive any legal or equitable claim which I, or _____ (the Individual's name), or any of our representatives, descendants, or successors, might otherwise have arising from or related to the use of the information provided herein. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. Completion and submission of this form is simply an attempt to provide emergency response personnel with information, which may be helpful when providing services to residents or occupants of my home.

Name/ Relationship

Date

Name/ Relationship

Date

Official Use Only

Purge Date: _____

Police Intake Signature/Date

Dispatch Intake Signature/ Date

This form is compatible with: The Pennsylvania 911 Emergency Number Program
 The Pennsylvania State Police Central Dispatch System
 The Philadelphia Central Dispatch System

Written false statements made herein are punishable pursuant to Title 18 Pa.C.S. §4904(b) as a misdemeanor of the third degree.

This form is a collaboration between Chief Kevin McCarthy, Susan F. Rzucidlo, The Philadelphia Police Department, other Law Enforcement entities, disability advocates, parent volunteers, educators, State & County Officials and other interested parties. It is owned by SPEAK Unlimited Inc. and is protected by copyright laws. **PERMISSION:** You are permitted and encouraged to reproduce and distribute this material in hardcopy or electronic form provided that you do NOT alter the wording in any way, you do not charge a fee beyond the cost of reproduction, you give credit to the original authors, and receive written permission and approval from Chief Kevin McCarthy or Susan F. Rzucidlo if alterations or changes are being recommended for incorporation. More information on this program and additional resources can be found at www.papremisealert.com contact srz@dol.net © 2004-8.