

Premise Alert Program

Emergency Communications Center

Registration Form

Name: _____ Date of Birth: _____ Sex: M / F

Home Address: _____ Work Address: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

E-Mail: _____

Emergency Contact Name _____ Phone Number: () _____ - _____

Student: Yes No If so, name and address: _____

Please check any of the following conditions that apply:

_____ Alzheimer's _____ Autism _____ Down Syndrome

_____ Deaf/Hard of Hearing _____ Mental Illness _____ Vision Impaired

_____ Developmental Disability _____ Allergies _____ Physical Disability

(explain) _____

Please provide a brief description of the information you wish emergency responders to be made aware of when responding to your residence.

The information provided above is truthful and accurate to the best of my knowledge.

Signature of person providing information

Printed name of person providing information

Street Address: _____

City, State Zip Code: _____ Contact Phone: _____

Received: ___/___/___ Entered: ___/___/___ Entry by: _____

#DPD 11-001

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Release Form

The Illinois Premise Alert Program (Public Act 96-0788) provides for public safety agencies in the State of Illinois to allow people with special needs to provide information to police, fire and EMS personnel. This information is kept in a database and can then be provided to first responders dealing with situations involving those special needs individuals at known addresses. This information will be maintained by the Decatur/Macon County Communications Center and shall remain confidential, relayed only to police, fire and EMS responders.

I understand the information provided is intended to offer guidance to responders, to assist them in assisting the listed individual(s) with special needs or disabilities. I understand the information provided may assist responders in their efforts to contact the listed individual(s) in case of an emergency. I understand that the information will be maintained by the Decatur/Macon County Communications Center and will be shared with other police, fire or EMS agencies, as needed, to provide services to the listed individual(s). I understand that the information will be kept on file for a period of one (1) year. I understand that an attempt will be made to notify me annually to confirm the correctness of the information provided. I understand that if the information provided is not confirmed, it will be removed from the database, and will no longer be available for responder guidance and assistance. I understand that I have the obligation to update the information annually, and that the info will be deleted if I fail to do so.

I understand that I am required to promptly notify the Decatur/Macon County Communications Center in writing of any changes to the listed individual(s) information including address, phone, contact person, condition, etc. I understand that I have the obligation to update the information annually, and that the info will be deleted if I fail to do so. I understand any such changes shall be directed to the Decatur/Macon County Communications Center Manager at 333 S. Franklin Street, Decatur, Illinois 62523.

I understand that the information provided will not result in any type of preferential treatment to the listed individual(s). I agree to indemnify and hold harmless the Decatur Ambulance Service, the City of Decatur, the County of Macon, and all other local governmental entities, their officers, employees, and agents, from any claim, demand, lawsuit, or assertion of liability whatsoever, arising out of or involving disclosure of the information provided. I understand that I may opt out of this program, on the listed individual(s)' behalf at any time, upon written notice directed to the Decatur/Macon County Communications Center Manager at 333 S. Franklin Street, Decatur, Illinois 62523.

Relationship to Listed Individuals;

- I am listed Spouse Legal Guardian Power of Attorney
- Child Other _____

I understand and agree to these terms:

Printed Name

_____ Date: ____ / ____ / ____

Signature

For Communication Center Use Only:

Date Received: ____ / ____ / ____ Date Entered: ____ / ____ / ____ Entered By: ____ / ____ / ____