

\_\_\_\_\_  
Last Name, First Name of Individual

\_\_\_\_\_  
Date Form was Submitted

**PREMISE ALERT SYSTEM REQUEST FORM**  
**PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS**

Individual's Name and 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:

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

**Relevant Medical Conditions:**

*\* 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 INDIVIDUAL'S HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE.*

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:

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

**Prescription Medications needed:**

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**Sensory or dietary issues, if any:**

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**Additional information First Responders may need:**

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**Does the Individual live alone?** \_\_\_\_\_

**Is he/she likely to wander off?** \_\_\_\_\_

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

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**EMERGENCY CONTACT INFORMATION**

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

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**Emergency Contact's Address:**

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**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:**

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

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

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**De-escalation techniques or approach most likely to calm or attract the Individual:**

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

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

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

**If you choose to complete the Premise Alert System Form, the Form and information may be submitted and added to the Local, City, County, or State Police dispatch systems for Emergency Operations. The purpose is to ensure that 911-Dispatchers and Emergency Response Personnel are aware, in advance, of any information you believe they would need to know about people with disabilities or health challenges in your household in the event of an emergency.**

**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), current Foster Family, Legal Representative or Legal Guardian. 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.

\* 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.)

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

By completing this Premise Alert System 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, descendents, 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

<b><i><u>Official Use Only</u></i></b>
<b>Purge Date:</b> _____
_____
<b>Police Intake Signature/Date</b>
_____
<b>Dispatch Intake Signature/ Date</b>

- The Premise Alert System Form is compatible with:
- ~ The Pennsylvania 911 Emergency Number Program,
  - ~ The Pennsylvania State Police Central Dispatch System, and
  - ~ The Philadelphia Central Dispatch System.

**PLEASE NOTE:** The Premise Alert System Form is a collaboration between Chief Kevin McCarthy, Susan F. Rzucidlo, 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. **PERMISSIONS:** 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 the Premise Alert System and additional resources can be found at [www.papremisealert.com](http://www.papremisealert.com) or by e-mailing [sz@dol.net](mailto:sz@dol.net) . © 2004-7.