



HILLTOWN TOWNSHIP POLICE

Christopher E. Engelhart
Chief of Police

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PREMISE ALERT INFORMATION FORM

The Premise Alert System is a system used to notify emergency first responders, including police, fire and emergency medical services, of residents with special needs and conditions when responding to a reported emergency at a specific address. This information is kept strictly confidential and participation in this program is **voluntary**. Participation, or the lack thereof, will in no way effect the level of service a resident will receive in the event of an emergency. It is the responsibility of participants in the program to update this information when necessary. It is recommended that the information be updated every year.

You should **not** complete and submit this form unless you have the legal authority to provide and disclose this information.

Please return the completed form to the above address.

Thank you!

Christopher Engelhart
Chief of Police

** 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: _____

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:

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

** The name of the individual described on this form may be left off for reasons of privacy or confidentiality, such as 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, like, 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, ets.?):

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.

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

By completing the Premise Alert Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire, and Emergency Response Departments in more effectively responding to a potential emergency in or near my household. I, therefore, authorize the use of this information for those purposes and to maximum extent that I am empowered to do so, waive any claim in law and /or equity against any of the above mentioned responder(s) 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 or existence of the information provided herein. I understand that providing this information on the Premise Alert Form does not entitle me or anyone in my household, including (the individual's name), to preferential treatment, including a more timely response by emergency response personnel. I also understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on the Premise Alert Form is considered, it may be considered along with all other relevant sources of information, and subject to proper police and emergency response procedures, when police, fire department, or other emergency response personnel are responding to the residence of the for whom this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing services to residents or occupants of my home, in or near my household.

I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief. I acknowledge that written false statements made herein are punishable pursuant to Title 18 Pa.C.S. § 4904(b) as a misdemeanor of the third degree.

Name/ Relationship

Date

Name/ Relationship

Date

<u>Official Use Only</u>
Purge Date: _____

Police Intake Signature/Date

Dispatch Intake Signature/ Date

This form is compatible with all Pennsylvania Emergency Dispatch Systems

(11/07)

This form is 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 change 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 ©04-08.