



Village of Tinley Park Emergency 911 Center Premise Alert Form

Print Form

EMAIL

Name of Person _____ Date of Birth _____

Does the person live alone? yes no

Location of bedroom or likely place to find person
in the residence at night. _____

Is he/she likely to wander off? yes no

If yes, known places person will frequent _____

Has the person ever been known to become combative? yes no

Name of Resident Owner _____

Resident Address _____

Phone # _____ Resident Cell # _____

Location of spare key
(if applicable) _____

Nearest person's name & phone holding key _____

Emergency Contact Name _____ Emergency Phone # _____

Name of Doctor _____ Emergency Phone # _____

Requested Hospital _____

List of Medications

List of Medication Allergies

Where medications are Posted.
(i.e. refrigerator, cabinet door, etc) _____

DNR Form? yes no Where are papers located? _____

Power of Attorney _____ Phone # _____

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Types of Special Needs: Please check all that apply.

Breathing Problems

Chronic Obstructive Pulmonary Disease

Asthma

Tuberculosis

Tracheostomy

Apnea Monitor

Cystic Fibrosis

Heart Problems

Congestive Heart Failure

Cardiac

Pacemaker/Defibrillator

Muscular Dystrophy

Hodgkin's Disease

Seizures/Epilepsy

Mental Disability

Dementia

Alzheimer

Schizophrenia

Bi-Polar

Down's Syndrome

Amputee

Paraplegic

Quadriplegic

Cancer

What Type: _____

Allergies: (i.e. bee stings, shellfish, peanuts)

What Type: _____

Other Special Needs (Please be specific)

What Type: _____

Stroke

Autistic

Physical/Mental Handicap

Parkinson's Disease

Hypertension

Arthritis

Obesity

Communicable Disease

Blood Disorder

Deaf/Hard of Hearing

Blindness

Mute/Aphasic

Diabetic

Uses Insulin Pump

Uses a Walker

Uses a WheelChair

Bedridden

Oxygen Use at Home

Ventilator Use at Home

Heart Blood Pump (LVAD)

Non-Verbal

Acquired Brain Injury

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I understand the information given above is intended to offer guidance and provide assistance to responders in aiding those people with special needs or disabilities in the performance of their duties. This information will be kept on file for a period of 2 years. We will contact you at that time to ensure that all above information is still correct. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Tinley Park 911 Command Center in writing of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer, or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to Tinley Park 911 Command Center to enter this information into the Premise Alert Program (PAP) database.

Print Name _____ Relationship; _____
email address _____ Type of Form New Revised
Date _____ Signature _____

Please return completed form to Tinley Park 911 Command Center, 7850 W. 183rd St., Tinley Park, IL 60477 Attn: Jane Flowers

Or e-mail to tp911@tinleypark.org

EMAIL

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FOR OFFICIAL USE ONLY##

Date entered: _____

Employee Name _____

Next Review Date _____