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**MEDICAL ALERT INFORMATION**

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*Please print all information regarding the concerned individual/address:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ City: \_\_\_\_\_

Do you require the use of a TDD? (Telecommunications Device for the Deaf) YES or NO (circle one)

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*Please place your initials in the space provided for all conditions which apply.*

_____ Use a cane/wheelchair/walker	_____ Asthma	_____ High Blood Pressure
_____ Blind/Difficulty Seeing	_____ Using Oxygen	_____ Deaf/Hard of Hearing
_____ Psychiatric/Emotional Problems	_____ Diabetic	_____ Seizures
_____ Heart Condition	_____ Pets in Residence	_____ Difficulty Speaking
_____ Allergic to any medications (please list) _____		
_____ Other: _____		

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I hereby authorize entrance to my residence by any law enforcement and/or fire and rescue personnel if it is believed that I am in need of assistance and am incapacitated. In case of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*A separate form should be completed for each individual member of the residence to whom conditions apply (i.e., one for husband, one for wife). This information will be kept on file at Lapeer County Central Dispatch and will NOT be released to anyone without your consent. Your signature certifies that the information is accurate and authorizes entry into your residence in case of an emergency.

MAIL COMPLETED FORM TO:

**LAPEER COUNTY CENTRAL DISPATCH  
ATTN: MEDICAL ALERT INFORMATION**

**2332 W. GENESEE STREET  
LAPEER, MI 48446**

**If you have questions or**

**need assistance, please call  
(810) 667-0217**

**LCCD USE ONLY**

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_