

**MEDICAL ALERT INFORMATION**

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

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Do you require the use of a TDD? (Telecommunications Device for the Deaf) Yes:  No:  (Choose one option only)

*Please check 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: \_\_\_\_\_

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 Livingston 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: LIVINGSTON COUNTY CENTRAL DISP ATTN: MEDICAL ALERT INFORMATION 300 S. HIGHLANDER WAY (517) 546-4620 HOWELL, MI 48843.**

**If you have any questions or  
Need assistance, please call  
(517) 546-4620**

**LCCD USE ONLY**

**Date received:**

**Date entered:**

**Entered by:**