



**Lee County Public Safety Answering Point**  
 316 South Hennepin Avenue, Dixon, IL 61021 Phone: 815-288-5911  
**Premise Alert Program (PAP)**  
 Medical Alert Form

<b>Medical Alert Information for:</b>				<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Update</b>	<input type="checkbox"/> <b>Renewal</b>
_____ Name			_____ Employed By (if applicable)			
_____ Home Address			_____ Work Address			
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip	
_____ Home Phone	_____ Cell Phone	_____ Work Phone		_____ Other Phone		
_____ Date of Birth	(__)(__) Sex	(__)(__) M	(__)(__) F	_____ Height	_____ Weight	_____ Eye Color
				_____ Hair Color		

**Medical Alert/Needs Information-advise nature of medical condition for this person** (Please type or write legibly)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please advise what type of precautions Emergency Service personnel should be aware of (if any):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information Provider/Contact Person** (must be individual, family member, friend, caregiver, or medical personnel familiar with individual)

_____ Name			_____ Relationship to Special Needs Person			
_____ Address			_____ City			
	_____ State	_____ Zip	_____ Work Phone		_____ Alternate Phone	
_____ Home Phone	_____ Cell Phone					

Where should responders look for a list of conditions and medications: \_\_\_\_\_

(This list **must** be kept current)

Lee County Public Safety Answering Point (PSAP)  
CAD Medical Alert Program Form

The Lee County PSAP allows individuals with special medical concerns/needs to provide information to the 911 Center to be maintained in a database, on a case by case basis. The information, in turn, is to be disseminated to responders dealing with situations involving the medical condition/need.

By completing and signing below, you are acknowledging the following and verifying the information provided is true and accurate:

1. By participating in this program the participant acknowledges that this provision of medical needs information **will not result in preferential treatment.**
2. The PSAP and/or responding agencies will not be held liable for duties relating to the reporting of medical needs individuals.
3. All information entered into the CAD Medical Alert database **must** be updated every one (1) year or when such information changes. The participant or their designee is responsible for renewing or updating the form.
4. This program is completely voluntary.
5. The information gathered as part of this CAD Medical Alert Program shall remain confidential and used only to provide medical, fire, and law enforcement responders information needed to effectively deal with situations or emergencies involving a medical needs person.
6. The information provided will be disseminated to the emergency responders in a variety of communications technologies; this will include but not be limited to the following:
  - a. Radio communications
  - b. Computer communications
  - c. Telephone Technology
  - d. Other communications technologies as utilized by the PSAP

I understand and agree to the terms and conditions set forth herein:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed Forms to the following via:

Lee County 911 Center  
316 South Hennepin Avenue  
Dixon, IL 61021

OR FAX: 815-288-5913  
OR

Email: [sdallas@countyoflee.org](mailto:sdallas@countyoflee.org)

Contact: Shelley Dallas, 911 Director Phone: 815-288-5911

**Public Safety Agency Use Only:**

Date Received by Agency: \_\_\_\_\_

Received By: \_\_\_\_\_

ID #

Date Received by PSAP: \_\_\_\_\_

Received By: \_\_\_\_\_

ID #

Date Entered into CAD: \_\_\_\_\_

Entered By: \_\_\_\_\_

ID #