

**BARRY COUNTY CENTRAL DISPATCH 911**  
**MEDICAL ALERT INFORMATION FORM**

NEW

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

update

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_

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

***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) _____		

**AMBULANCE PREFERENCE:** \_\_\_\_\_

OTHER: \_\_\_\_\_

I hereby authorize release of the above information by 911 dispatch personnel through radio channels or other means of dispatch to public safety, EMS, fire, and, rescue personnel in order to assist them in providing emergency services to me. Further, if such personnel believe that I am In need of assistance or incapacitated, I authorize them to enter my residence in order to help me. **In case of emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**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 Barry County Central Dispatch and may be used during the dispatch of, or delivery of, emergency services to your address. Your signature certifies that the information is accurate, can be used for dispatch and emergency services and authorizes entry into your residence in case of a fire or medical emergency. If information changes, it is the resident's obligation to complete, sign and forward a new form to the Dispatch Center.

MAIL COMPLETED FORM TO: **BARRY COUNTY CENTRAL DISPATCH 911 CENTER**  
**ATTN: MEDICAL ALERT INFORMATION**  
**2600 NASHVILLE RD.**  
**HASTINGS, MI 49058**

If you have questions or need assistance call  
(269) 948-4825 option 1

**BACD USE ONLY**

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