



East Ridge Police Community Care Program



East Ridge Seniors

Subscriber Information

Date: _____

Subscriber Information

Name:	Date of Birth:
Address:	
City/State/Zip:	
Home #	

In Case of Emergency, Notify

Name:	Relationship:	
Address:		
City/State/Zip:		
Home #	Work #	Cell/Alt #

In Case of Emergency, Notify (2)

Name:	Relationship:	
Address:		
City/State/Zip:		
Home #	Work #	Cell/Alt #

Key Location/Occupant Information

Extra Key?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:	
Pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Description:	
Live Alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupants:	
Life Alert?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Company?	
Vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details?	Make:
			Model:
			Year:
			Color:

Medical History

Able to Walk? Yes No

Physical Impairments: Yes No Primary Care Physician Name: _____

Tel. #: _____

List: _____



I, the undersigned, freely and voluntarily give permission to the East Ridge Police Department and/or their agents, representatives, principals, and employees, to enter my residence for the purpose of checking on the well-being of myself and/or my family. Upon the circumstance that Officers of the East Ridge Police Department reasonably believe that an emergency exists and a key holder cannot respond in time to reasonably mitigate the emergency, I agree to hold harmless the City of East Ridge for any and all damages incurred to any personal and/or real property if entry into my residence is forced. I further agree to waive any and all claims I have or may have, whether known or unknown, arising out of my voluntary enrollment into this Program.

Signature

Date

Print Name