

Premise Alert Program Notification Form

The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the State of Illinois to allow people with special needs to provide information to police, fire and EMS personnel to be kept in a database. The information can then be provided to responders dealing with situations involving the Special Needs individuals.

The below information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel with the information needed to deal with situations or emergencies involving a Special Needs person.

The notification expires 2 (two) years after the date it was submitted. You may update or renew it at any time by filing the form.

Please return the completed form to:

Effingham County Sheriff's Office
Premise Alert Program
101 N. 4th St.
Effingham, Il. 62401

For additional forms go to: <http://www.co.effingham.il.us/sheriff.html>.

The data is provided by the individual or other person in order to provide responding Police, Fire or EMS personnel information to provide emergency services. The information will be entered into databases maintained by the Police and Fire Departments and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the Effingham County Sheriff's Office, the ambulance services and fire departments will not be held liable for duties relating to the reporting of special needs individuals.

I also understand that if any of the above information changes I must notify the Effingham Sheriff's Office by filing an amended request form. The information will self expire 2 (two) years from the date received by the Sheriff's Office and I must renew the form if I want the information kept in the Effingham County Sheriff's Office database.

I understand and agree to these terms:

Signature

Print Name

Date Signed

Special Needs Person information: New Update Renewal

Name			Employed by:		
Home Address			Work Address:		
City	State	ZIP	City	State	ZIP
Home Phone	Cell Phone	Work Phone	Other Phone (Type)		
() M () F					
Date of Birth	Sex	Height	Weight	Eyes	Hair

Special Needs Information: Please advise nature of Special Needs for this individual:

Please advise what type of precautions Emergency Services personnel should be aware of

Information Provider / Contact persons

This information is being provided by: () The individual named above
Or:

Name	Relationship to the Special Needs Person
Address	City State ZIP
Home	Phone Alternate Phone