Central Illinois
Regional Dispatch Center
1078 W Rotary Way
Decatur, IL 62521

# Premise Alert Program

Name: _____ Date of Birth: _____ Sex: M / F

Home Address: _____ Work Address: _____

_____ _____

Student: Yes No If Yes, school name and address: _____

_____

Home Phone: ( ) _____ - _____ Cell Phone: ( ) _____ - _____

Emergency Contact Name _____ Phone Number: ( ) _____ - _____

E-Mail: _____

Please check any of the following conditions that apply:

_____ Alzheimer's _____ Autism _____ Down Syndrome

_____ Deaf/Hard of Hearing _____ Mental Illness _____ Vision Impaired

_____ Developmental Disability _____ Allergies _____ Physical Disability

(explain)_____

_____

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Please provide a brief description of the information you wish emergency responders to be made aware of when responding to your residence.

_____

_____

**The information provided above is truthful and accurate to the best of my knowledge**.

_____ _____

Signature of person providing information Printed name of person proving information

Street Address: _____

City, State Zip Code: _____ Contact Phone: ( ) _____ - _____

**For Communication Center Use Only:**

Received: ___ / ___ / ___ Entered: ___ / ___ / ___ Entered By: _____

Premise Alert Program for _____ ____ / ____ / ____
Name Date of Birth

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. This information is kept in a database and can then be provided to first responders dealing with situations involving those special needs individuals at known addresses. This information will be maintained by the Decatur/Macon County Communications Center and shall remain confidential, relayed only to police, fire and EMS responders.

I understand the information provided is intended to offer guidance to responders, to assist them in assisting the listed individual(s) with special needs or disabilities. I understand the information provided may assist responders in their efforts to contact the listed individual(s) in case of an emergency. I understand that the information will be maintained by the Decatur/Macon County Communications Center and will be shared with other police, fire or EMS agencies, as needed, to provide services to the listed individual(s). **I understand that the information will be reviewed annually in January and deleted if not renewed by the end of January.** I understand that an attempt will be made to notify me annually to confirm the correctness of the information provided. I understand that if the information provided is not confirmed, it will be removed from the database, and will no longer be available for responder guidance and assistance. **I understand that I have the obligation to update the information annually in January**, and that **the information will be deleted if I fail to do so.**

I understand that I am required to promptly notify the Central Illinois Regional Dispatch Center in writing of any changes to the listed individual(s) information including address, phone, contact person, condition, etc. **I understand that I have the obligation to update the information**. I understand any such changes/updates shall be directed to the Central Illinois Regional Dispatch Center Manager located at 1078 W Rotary Way Decatur, IL 62521 (Fax #217-362-7764).

I understand that the information provided will not result in any type of preferential treatment to the listed individual(s). I agree to indemnify and hold harmless the Central Illinois Regional Dispatch Center, Decatur Ambulance Service, the City of Decatur, the County of Macon, and all other local governmental entities, their officers, employees, and agents, from any claim, demand, lawsuit, or assertion of liability whatsoever, arising out of or involving disclosure of the information provided. I understand that I may opt out of this program, on the listed individual(s)' behalf at any time, upon written notice directed to the Central Illinois Regional Dispatch Center Manager located at 1078 W Rotary Way Decatur, IL 62521 (Fax #217-362-7764).

Relationship to Listed Individuals:

____ I am listed ____ Spouse ____ Child ____ Other _____

____ Legal Guardian( Please provide copy ) ____ Power of Attorney ( Please provide copy )

I understand and agree to these terms: _____
Printed Name

_____ Date: ____ / ____ / ____
Signature