



DANDRIDGE POLICE DEPARTMENT



SENIOR COMMUNITY CARE PROGRAM

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 _____

List: _____



I, the undersigned, freely and voluntarily give permission to the Dandridge Police Department and/or EMS personnel 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 Dandridge 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 Town of Dandridge for any 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