

PIERCETON POLICE DEPARTMENT
207 N. FIRST STREET
PIERCETON, IN 46562
574.594.2232 (O) 574.594.9060 (F)
EMAIL: POLICE@PIERCETON.ORG

*** SPECIAL NEEDS / DISABILITY / MEDICAL / NOTIFICATION REQUEST***

The Pierceton Police Department strives to make our community safer for our citizens who are in need of special services. We are most successful when we know the citizen's name and their special needs or said medical condition prior to arriving at their address.

This 2-page form is to be completed by the parent/guardian of, or power of attorney over any Pierceton Indiana resident with a diagnosed disability or said medical condition(s) for the notification purpose in our dispatch system that is used for dispatching emergency services (Police/Fire/EMS).

Contact information for person in need of special services: New Amended

First / Last Name: _____

Physical address: _____

DOB: ____/____/____ Landline#: (____) ____ - ____ Cell #: (____) ____ - ____

Emergency Contact information:

First / Last Name: _____

Physical address: _____

Relationship: _____ Cell #: (____) ____ - ____

Physician Contact information:

First / Last Name: _____

Address: _____

Phone #: (____) ____ - ____ Hospital associated with: _____

Explanation of Special Needs: _____

Considerations During Interaction (use additional sheet if necessary): _____

Submitter Information (must be a parent/guardian/custodian or appointed legal representative):

First / Last Name: _____

Physical address: _____

Relationship: _____ Cell #: (_____) _____ - ____

NOTE: The information gathered is part of the community policing program that the Pierceton Police Department provides to our citizens who are in need of special services. This form does **NOT** take the place of the SMART-911 System in Kosciusko County. All the information contained on this form shall remain strictly confidential. The information shall be used only to provide assistance to emergency medical and police responders, when it is made available to them during a call to your address in Pierceton Indiana.

The undersigned acknowledges that the information provided will not result in any type of preferential treatment to the individual and that the Pierceton Police Department, its police officers and any other responding agencies will not be held liable for additional duties relating to information provided herein.

I understand and agree to these terms hereby grant permission for the Pierceton Police Department to enter the information included in this form onto the listed individual's name file in the police department's central dispatch database for safety and emergency response purposes.

I understand that if any of the above information changes I must notify the Pierceton Police Department by filing an amended request form. It is my responsibility to update and renew the form if I want the information up to date for use with emergency responders.

Signature (PRINTED): _____ **Date:** _____

Relationship to individual: _____

Please return this form to the Pierceton Police Department or Email it to the address above