



Addison Police Department



Registration for Premise Alert Program

If you have a family member with special needs, or you yourself have any special needs, please complete this form in its entirety. The Addison Police Department will submit this information into a database which will assist with how to appropriately interact with this individual, if the need arises. Due to the range of needs for those with disabilities, it is pertinent to indicate specific triggers that may be harmful as well as specific ways to interact successfully.

Information regarding individual with special needs

Name of individual with identified special need(s): _____ (First, Middle, Last)
 Nickname: _____
 Date of birth: _____
 Address: _____
 Cellular Phone and Cellular Provider _____
 Work Address: _____
 Previous Home Address: _____
 Previous Work Address: _____
 Male/Female: **Select One** _____
 Race/Ethnicity: _____
 Preferred Language: _____
 Height: _____
 Weight: _____ lbs
 Driver's License Number or Identification Card Number and State _____

Vehicle Information: Make: _____ Model: _____ Year: _____ Color: _____
 License Plate and State: _____

Physical Description (eyes/hair/scars/marks/tattoos):

Eye Glasses Yes No Braces Yes No

Please indicate the identified disability(s) for this individual:

Emergency contact information

Name: _____
 Address: _____
 Telephone number: _____
 Relationship: _____



Addison Police Department



Emergency contact information

Name: _____

Address: _____

Telephone number: _____

Relationship: _____

Please indicate any information that is important for the Addison Police to know about this individual? (i.e.: special identifiers such as a bracelet noting their disability, verbal/non-verbal, triggers, calming strategies, etc.)

- ID Bracelet/alert band: (Circle) yes no
- ID Necklace: (Circle) yes no
- Special needs ID card: (Circle) yes no
- Communication: (Circle) verbal non-verbal

Medical Needs: _____

If emergency access needs to be gained do emergency personnel have permission to make entry into the residence (emergency personnel consists of police, fire, paramedics)? Yes No

Is there a keypad to get in the house? Yes No Code _____
Is there a key hidden somewhere? Yes No

Triggers to avoid, if possible:

Strategies and/or needs for positive interaction:

Favorite places to visit (Parks, ETC)

Habits of Registrant

Has your loved one been missing before? Yes No
If yes, where were they located and when? _____



Addison Police Department



Are you filling out this form on behalf of someone? Yes No

Your name/relationship to individual: _____

Is a current photo available to the police? Yes No

Special need has been verified by: (Circle)

- (A) individual
- (B) family member
- (C) friend
- (D) caregiver
- (E) medical personnel familiar with the individual.

A signed release must accompany this registration form. A self-release form is available as well as a release form for individuals with a legal guardian.

For Official Use Only:

Received Date:

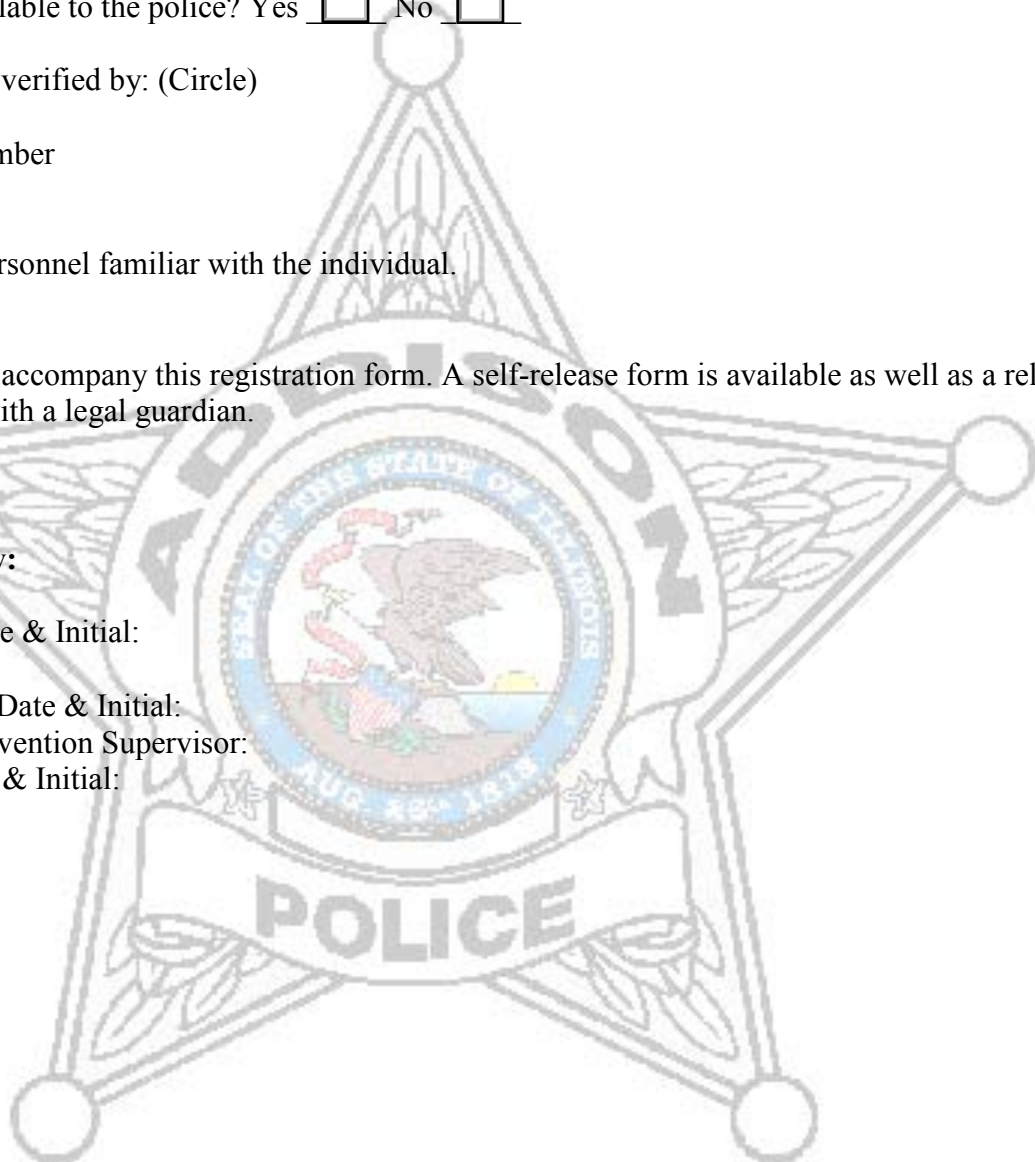
Entered into CAD/Date & Initial:

Initial/Badge #'s:

Faxed to DUCOMM/ Date & Initial:

Verified by Crime Prevention Supervisor:

Entered into 911/Date & Initial:





Addison Police DEPARTMENT



Premise Alert Program Release Form

I represent that I, _____ am of legal age and capacity and that I represent _____ as the parent or legal guardian (copy of 'letter of office' attached as applicable) and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve _____. I, therefore and on behalf of _____ authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve _____. I acknowledge that by providing this information for the purpose stated above that _____ is not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from this database. I agree to keep this information current and acknowledge that the information provided becomes the property of the Addison Police Department for the purpose stated above. I further for _____, his/her heirs, executors, administrators, personnel representatives and assigns, waive and release any and all rights, claims and causes of action which they may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between _____ and those police, fire and emergency involving _____ and that the aforementioned police, fire and emergency response agencies do not waive or limit defense or immunity available to them by law. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Addison Police Department to enter this information into the Premise Alert Program database.

Signed _____
Printed name _____
Date _____



Addison Police Department



Premise Alert Program Self Release Form

I represent that I, _____ am of legal age and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve me. I acknowledge that by providing this information for the purpose stated above that I am not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from this database. I agree to keep this information current and acknowledge that the information provided becomes the property of the Addison Police Department for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims and causes of action which I may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense of immunity available to them by law. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Addison Police Department to enter this information into the Premise Alert Program database.

Signed _____
Printed name _____
Date _____