

9-1-1 Emergency Contact Form

Instructions: Fill in the blanks below. You only need to provide a brief description of the impairment, i.e., "John is not able to speak" or "Jane has a heart condition and her husband has Alzheimer's." One emergency contact is **required** to complete the form. As an emergency contact, you agree to respond and assist police officers with a welfare check of the residence if there is no answer at the door. *Required field
Please mail the completed form to:

Concord Police Department
Attn: Dispatch Center Supervisor
1350 Galindo St.
Concord, CA 94520

E-mail: 911alertandresponderlist@cityofconcord.org

Section 1

*Participant's Name: _____

*Address: _____

*Residence Phone: _____ Alternate Phone: _____

*Nature of Impairment: _____

Section 2

*Emergency Contact 1 (EC1):

*Name: _____

*Address: _____

*Phone #: _____

*Relationship: _____

Emergency Contact 2 (EC2):

Name: _____

Address: _____

Phone #: _____

Relationship: _____

*Signature of EC1: _____

Signature of EC2: _____

Section 3

Special Instructions: _____

Alarm Code (optional): _____

Hidden Key Location: _____

Animals: _____

Other: _____

Section 4

I agree to allow the Concord Police Department to store the above information in the VisiCad dispatch program. The information contained on this form will be entered into the VisiCad dispatch program and will remain in the database until canceled or modified, in writing, by the resident. The information provided will be visible to the 9-1-1 dispatchers and police officers when a call for service is entered at the address in Section 1 of this form. The information is intended to alert dispatchers and officers of special circumstances that may exist at the residence. I understand that this information is intended as a tool to increase officer response time but does not guarantee an immediate response or specific response time when a "911" call for service is entered at the address in Section 1. By agreeing to participate in this program, I acknowledge and agree that I waive any privacy interests, including any privacy rights available under HIPAA, and I agree to waive and release the City of Concord, its elected officials, employees, and volunteers from any and all claims for damages that arises out of my participation in the program. This release applies even in the event that such claim for damages arises out of the active negligence of the City's part, but does not apply to sole negligence or intentional/reckless misconduct by the City. Any changes to information will need to be updated immediately to the police department.

*Signature: _____ *Date: _____

*Print Name: _____

If the participant is a minor, conservatee, or otherwise incapacitated, I, the undersigned, certify that I am the legal parent, guardian, conservator, or representative of the participant identified above and agree to the participation and waiver/release of the 9-1-1 program as described above.

Signature: _____ Date: _____

Print Name: _____

