

JOHN D. LAKIN
SHERIFF



OFFICE OF THE SHERIFF
MADISON COUNTY, ILLINOIS
405 Randle Street
Edwardsville, Illinois 62025

Administration: (618) 692-6087
Investigation: (618) 692-0871
County Jail: (618) 692-1064
Emergency: (618) 692-4433
Fax: (618) 656-1210

Illinois Premise Alert Program

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 or disabilities to voluntarily provide information regarding an individual's special need or disability to police, fire and EMS personnel. This information can be maintained on a public safety agencies' Computer Aided Dispatch System (CAD) and provided to first responders dealing with situations involving the special needs individuals.

The below information provided by you will be kept confidential and used only to provide police, fire and EMS personnel with the information needed to deal with situations or emergencies involving a special needs person. Special needs persons could be those who are deaf or blind, have mobility issues, conditions such as autism or any other situation that could complicate provisions of services from First Responders.

The notification expires 2 (two) years after the date it was submitted. You may update or renew it at any time by re-filing the form.

Please return the completed form to:
Madison County Sheriff's Office
405 Randle St.
Edwardsville IL, 62025
Attn: Capt. Becker

The data is provided by the individual or other person in order to provide responding police, fire or EMS personnel information to provide emergency services. The information will be entered into a CAD database maintained by the Madison County Sheriff's Office, and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

The individual must understand the information provided here will not result in any type of preferential treatment to the individual and that the Madison County Sheriff's Office nor any other responding agencies will not be held liable for duties relating to the reporting of special needs individuals.

I also understand that if any of the above information changes, I must notify the Madison County Sheriff's Office by filing an amended request form. The information will self expire in 2 (two) years from the date received by the Sheriff's Office and I must renew the form if I want the information kept in the Sheriff's Office CAD Database.

I understand and agree to these terms:

Signature

Print Name

Date Signed



Illinois Premise Alert Program Request Form
Madison County Sheriff's Office, Edwardsville IL, 62025

___ NEW ENTRY REQUEST.

___ UPDATE AN EXSISTING ENTRY.

Name of person making the request: _____

DOB: _____ Address: _____

Telephone number: (H) _____ (C) _____ (W) _____

Relationship of Requester to person with Special Needs: _____
(i.e. parent, legal guardian, friend, spouse.)

Name of person with Special Needs: _____ DOB: _____

Address (Home): _____

(Note: In the Madison County Sheriff's Office CAD system, a "Medical Alert" will be placed on the HOME ADDRESS of Special needs individual only)

Address (Work): _____

Telephone numbers :(H) _____ (C) _____ (W) _____

E-Mail Address: _____

Nature of Disability(s) (clinical name): _____

List any special equipment (Medical or otherwise i.e. oxygen, wheel chair) located on premises:

List any special circumstances Emergency responders may need to know:

Requester's Signature (if parent, guardian, family member, friend, caregiver, or medical personnel of special needs individual)

Signature of Special Needs Individual
(if different than requester)

For Sheriff's Office use only:
Date received by SO: _____
Date entered into SO CAD: _____
Entered by: _____ ID#
Date forwarded to FD: _____
Date forwarded to EMS: _____