

**Mendham Borough Police Department
In Case of Emergency Data Information Form**

Department Case # _____

Date Client Submitted: _____

Client's Personal Data :

Name : _____, _____
 Last First

Name : _____, _____
 Last First

Home Address : _____
 Street

_____ _____ _____
County City State

Home Phone Number # () _____ - _____ - _____

Primary Language : _____

Name Of Translator For Family : _____, _____
 Last First

Is Person Ambulatory ? _____

If Not, Describe Means Of Mobility : _____

Medical Conditions & History

Diagnosis of Disability Or Any Other Medical Condition:

Cardiac _____ C.O.P.D. _____ Seizures _____ Refer to PCR _____ Transplants _____

Other (If so, please explain) _____

Are you on a Blood Thinner ? Yes or No

Is Person Verbal ? : _____

If Not, Describe Mean Of Communication : _____

Known Allergies Of Medications _____

Does Client Become Aggressive Under Medications ? _____

Any Other Precautions To Be Aware Of ? _____

Name Of Current Primary Doctor : _____, _____
Last First

Any Special Medical Home Equipment Or Aide To Assist Client ?
(Example: Glasses, Walker, Wheelchair, Port Oxygen, Defibulator, Life Alert, Pace
Maker Or Hearing Aide)

Do you rely on electrical powers to assist with your medical conditions?

Emergency Contact Information (In The Order To Be Contacted)

Name : _____, _____
Last First

Address : _____
Street

County City State

Relationship To Client: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Additional Information: _____

Name : _____, _____
Last First

Address : _____
Street

County City State

Relationship To Client : _____

Home Number : _____

Cell Number : _____

Work Number : _____

Additional Information :

Name : _____
Last First

Address : _____

County City State

Relationship To Client : _____

Home Number : _____

Cell Number : _____

Work Number : _____

Additional Information :

BOROUGH OF MENDHAM HIPAA AUTHORIZATION FORM

I, _____, give permission to the Borough of Mendham to: use the following protected health information, and/or disclose the following protected health information to: (1) Emergency Services; (2) Borough Administration; and (3) Mendham Borough Police Department.

Information to be disclosed: Information and/or records regarding my condition in the event of an emergency

This protected health information will be used or disclosed in the event of emergency.

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and is no longer protected by these regulations.

You may refuse to sign this authorization.

You may inspect or copy the protected health information to be used or disclosed under this authorization.

Finally, you may revoke this authorization in writing at any time by sending written notification to the Borough Administrator at Borough of Mendham, Phoenix House, 2 West Main Street, Mendham, NJ 07945. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Signature of Participant or Personal Representative

Date

Printed Name of Participant or Personal Representative

Description of Personal Representative's Authority