



# NICHOLS HILLS POLICE & FIRE DEPARTMENTS

## “HELP CALL” & “RUOK?” EMERGENCY INFORMATION FORM

AUTHORIZATION: I understand that my participation in either or both the Help Call and RUOK? Programs is voluntary. I am not required to provide the personal information requested below, but I am providing it voluntarily to assist Nichols Hills Emergency Services to respond to my needs in case of an emergency. If I provide a key to my house, in doing so, I authorize Police and Fire responders to use it to enter my home when probable cause exists, by virtue of a “Help Call” alarm or other circumstance, which causes a concern for my welfare.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name) (First) (M/I)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**PRIMARY CONTACT:** (Local person most familiar with you daily activities and who you would like us to contact in any inquiry concerning you, i.e., Relative, Friend, Neighbor, etc.)

Name: \_\_\_\_\_ Relationship: Attorney \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Address: \_\_\_\_\_

### ALTERNATE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Address: \_\_\_\_\_

**PERSONAL MEDICAL DATA:**

Name of Attending Physician: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Mercy Member? \_\_\_\_\_

Your Sex: \_\_\_\_\_ Your Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Brief Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Known Allergic Reactions: \_\_\_\_\_

Other information of value to Medics: \_\_\_\_\_

\_\_\_\_\_

**GENERAL HOUSEHOLD INFORMATION:**

Is a Housekeeper or Caregiver employed? \_\_\_\_\_

If so, Name: \_\_\_\_\_

Days on Duty: \_\_\_\_\_ Duty Hours: \_\_\_\_\_

Are there animals in the house? \_\_\_\_\_

**IN CASE OF EMERGENCY, DESIGNATE CAREGIVER (or facility for your animal):**

\_\_\_\_\_

Other comments: \_\_\_\_\_

**KEY INFORMATION:** Has a house key been provided? \_\_\_\_\_

Which door does the key operate? \_\_\_\_\_

(Office Use Only) Completed Form/Key Received: _____ Entered in Computer and Processed for Fire Department By: _____ Date: _____
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(Tape Key Here)