

HEADS UP/MARCUS ALERT Emergency Information

Complete and Mail to: York-Poquoson-Williamsburg-James City Emergency Communications Center

301-A Goodwin Neck Rd Yorktown, VA 23692

Name: _____
Last _____ First _____ Middle Initial _____

Address: _____
Street Address _____ City _____ Zip Code _____

Telephone: _____ Birth Date: _____ / _____ / _____
Primary Phone (mm/dd/yyyy)

Alternate Phone _____

Medical Alert Device? Yes No

Alarm Company: _____ Name _____ Phone _____

Emergency Contacts:

Sex: _____
Gender: _____
Race: _____
Height: _____
Weight: _____
Hair: _____
Eyes: _____
Blood Type: _____

1. _____ Name/Relationship to Individual _____ Phone _____
2. _____ Name/Relationship to Individual _____ Phone _____
3. _____ Name/Relationship to Individual _____ Phone _____

Preferred Language, Speech, and/or Communication Method: _____

What do First Responders need to know in order to help:

Diabetes: Yes No Description: _____

Seizure Disorder: Yes No Description: _____

Neurological Disorder: Yes No Description: _____

Cardiac Concerns/Needs: Yes No Description: _____

Pulmonary Concerns/Needs: Yes No Description: _____

Behavioral and/or Mental Health Concerns/Needs to include Substance Use Related: Yes No Description: _____

Allergies: _____

Special Medical Equipment Used: _____

Mobility Concerns/Needs: Yes No (Check type) Cane Crutches Walker Unable to Walk Wheelchair

Description: _____

HEADS UP/MARCUS ALERT Emergency Information Continued

Hearing Concerns/Needs: Yes No (Check type) Hearing Device Sign Language Read Lips

Description: _____

Visual Concerns/Needs: Yes No (Check type) Glasses Contacts Blind

Description: _____

Other Helpful/Medical Information: _____

I understand that the information contained on this form may be shared with emergency medical, fire, police, and social services personnel when responding to an emergency. York-Poquoson-Williamsburg-James City will protect the confidentiality of this information as required by law. Please contact York-Poquoson-Williamsburg-James City Emergency Communications Center with updates at (757) 890-3621. Please note that forms will be purged 3 years after submission unless they are updated.

Signature

Date