



Good Morning Camden Program

Participant Application Form



All Information Provided Will Be Kept Confidential

Police Department Office Use Only

Participant number: _____

Date Enrolled: _____

PARTICIPANT INFORMATION

Name: _____ Date: _____

Physical Address: _____

Telephone Home: _____ Cell: _____

I live alone: YES NO (Please circle proper response)

Contact person who lives nearby:

Name: _____ Telephone: _____

Address: _____

Person to notify in an emergency:

Name: _____ Telephone: _____

Address: _____

Primary Care Physician: _____ Telephone: _____

Medical Conditions the "Good Morning Camden" caller should be aware of:

1. _____
2. _____
3. _____
4. _____

Medications you take on a regular basis (prescription and non-prescription) and dosages

1. _____
2. _____
3. _____
4. _____

Medication Allergies: _____

Do you have a "DNR", Living Will or Advanced Directive? YES NO (Please circle one)

If yes, which one: _____ Location: _____

Do you have a hidden key: YES NO (Please circle one)

Location of key: _____

Do you want the Police Department to have a key: YES NO (Please circle one)

Do you drive a car: YES NO (Please circle one)

Car make, model & color: _____

License Plate No. _____

Date: _____

Person filling out application: _____

Participant name if different from above: _____

Participant (or authorized representative) Signature: _____

I, _____, DO / DO NOT authorize the Camden Police Department "Good Morning Camden" program coordinator, or their designee to receive pertinent information about myself from my family or primary care physician as it may pertain to my well being.

I, _____, DO / DO NOT authorize the "Good Morning Camden" program coordinator, to inform the Camden Police Department of my participation in the program and authorize the police to use "forcible entry" if needed to access my house, apartment or mobile home.

This will absolve and hold harmless the Town of Camden and the "Good Morning Camden" program of any and all liability for receiving information pertaining to my general well being and safety. It will also absolve and hold harmless the Camden Police Department of any and all property damage that may occur if they are unable to make contact with me and must force entry into my residence.

Date: _____

Signature: _____

Witness: _____