

Office of the Sheriff



SHERIFF
Dexter A. Hayes

P. O. Box 176
Winton, NC 27986
(252) 358-7800 - Office
(252) 427-4584 - Fax

Are You Ok? Program Application

Participant Name: _____

Street Address: _____

Phone Number: _____

Are There Keys to Your Premises (Circle One) Yes or No

Location of the Keys: _____

Do You Live Alone (Circle One) Yes or No

CO Residents (Please List Anyone Living With You):

Are You Able To Walk (Please Circle One) Yes or No

Do You Have Pets (Please Circle One) Yes or No

Are Your Pets Inside or Outside (Please Circle One) Inside or Outside

Please List the Types of Pets You Have:

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Please List Any Physical Impairment You May Have:

List Medications Along With the Location of Medical Information:

Please List Any Known Allergies:

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Doctor's Name, Address, and Phone Number:

Emergency Contact Information:

Name: _____

Address: _____

Phone Numbers: _____

Next of Kin Information:

Name: _____

Address: _____

Phone Numbers: _____

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ARE YOU OK?

PROGRAM CONSENT FORM

I, _____, agree to participate in the Hertford County Sheriff's Office Are You Ok? Program. I hereby give my permission to Law Enforcement, Fire, and Emergency Medical Services to respond to any perceived emergency situation involving my health and/or safety.

I am voluntarily providing the contact information of a relative or friend who has access to my home so that emergency personnel will be able to enter my home in the event of an emergency. I hold harmless the Hertford County Sheriff's Office for forcibly entering my residence in the case of a perceived emergency.

It is my understanding that the information listed on the application will be released to Law Enforcement and Emergency Medical Personnel as necessary during my participation in the Are You Ok? program.

Participant's Name

Date

Family Member's Signature

Date

Hertford County Sheriff's Office Staff Signature

Date

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