ST. CHARLES POLICE AND FIRE DEPARTMENTS

ELDERWATCH PROGRAM

PARTICIPANT					
Last Name:			First Name:		
Date of Birth:			Home Phone:		
Address:			Cell Phone:		
Race:	Sex:	Hgt:	Wgt:	Hair Color:	Eyes:
Special needs or Consideration:					

MEDICAL INFORMATION	
Doctor's Name:	Phone:
Hospital:	
Chronic Illnesses:	
Allergies:	
Medication:	
Do you have a Living Will? Yes No (Circle one)	
Do you have an official and signed DNR (Do Not Resuscitate) request form at home? Yes No (Circle one)	
Location in home of Living Will and DNR request form:	

DURABLE POWER OF ATTORNEY	
Name:	Home Phone:
	Cell Phone:
Address:	

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EMERGENCY/NEIGHBOR/SOCIAL WORKER-AGENCY INFORMATION	
Name:	Address:
Home phone:	Work phone:
Cell phone:	
Does this contact have a key to your home? Yes No (Circle one)	

RELATIVE'S INFORMATION		
Name:	Relationship:	
Address:	City:	State:
Home phone:	Work phone:	Key to house? yes no
Cell phone		
Name:	Relationship:	
Address:	City:	State:
Home phone:	Work phone:	Key to house? yes no
Cell phone:		

Funeral Home Request:

I am voluntarily participating in the ELDERWATCH program. I understand that this is a cooperative program involving the ST. CHARLES POLICE AND FIRE DEPARTMENT. With your participation in this program, the City will be able to better meet your needs and the needs of the community. Your signature will allow us to share this information with other emergency agencies.

Signature: _____ Date: _____

Witness: _____ Date: _____

Please return this form to: Elderly Services Officer
St. Charles Police Department
1515 W. Main St.
St Charles, IL 60174

NOTE: THE KANE COUNTY SHERIFF'S DEPARTMENT DOES NOT PARTICIPATE IN THIS PROGRAM. THEY OFFER "PREMISE ALERT" TO ASSIST THOSE IN UNINCORPORATED AREAS.