



PRICE COUNTY PROJECT LIFESAVER®

Program Application

Applicant's Name: *(Name of individual for whom this application is being made)*

FAMILY/CAREGIVER INFORMATION

Name:

Relationship to Applicant:

Please indicate your authority to enroll this individual in Project Lifesaver®?

- Spouse
- Son or Daughter, in absence of Spouse
- Family member having legal, primary caregiver responsibility
- Assisted living or nursing home administrator requiring transmitter for client to reside at the facility.
- Father or Mother, if client is a minor
- Power of Attorney for health care

Home Address:

Home Phone:

Cell Phone:

Fax:

E-mail Address:

Employer:

Employer Address:

Work Phone:

Work E-Mail Address:

ADDITIONAL EMERGENCY CONTACT INFORMATION

Name:

Relationship to Applicant:

Home Address:

Home Phone:

Cell Phone:

Fax:

E-mail Address:

Employer:

Employer Address:

Work Phone:

Work E-Mail Address:

APPLICANT INFORMATION: *(Individual who has Alzheimer's Disease, Autism or related disease)*

Full Legal Name:

Nickname:

What is Applicant's specific diagnosis?

When was Applicant diagnosed?

DOB:

Current Age:

Height:

Weight:

Eye Color:

Hair Color:

Describe any other distinguishing physical characteristics:

How long as the individual been living at this address?

MEDICAL INFORMATIONIs there any prior history of becoming lost or wandering from home? Yes NoIf yes, please describe the event(s) in detail with dates. *(Attach additional sheets as needed)*

Please list the name, address and phone number of the physician who provides treatment to the Applicant.

Describe any other health related problems:

Please have the Applicant's physician sign below verifying the Applicant is or may be at risk for wandering as indicated by specific diagnosis on front page.

Physician Name (printed)_____
Date_____
Physician Signature

Please Submit this application to the Price County Sheriff's Department by pressing the "Submit By Email" button at the end of this form. Be sure to print a copy of the form for your records. A representative of the Price County Sheriff's Department will contact you shortly to review your application.



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LIABILITY RELEASE INFORMATION:

Please read this section carefully and sign prior to submitting this application.

I ACKNOWLEDGE that the information I have provided in this application is true, accurate and complete to the best of my knowledge.

I UNDERSTAND that should the Applicant be accepted into Project Lifesaver® it does not replace the need for others to continue to provide constant supervised care of the Applicant.

I AGREE to assume all responsibilities associated with program participation and ongoing bracelet device maintenance.

I UNDERSTAND while Project Lifesaver® utilizes a global tracking device which aids in locating individuals who wear a bracelet device, there may be times and circumstances when an individual cannot be located due to device malfunction or other reasons.

I UNDERSTAND all information I have provided in this application will be shared between the Price County Sheriff's Department and other appropriate agencies as well as the police department in the town where the Applicant resides. I further understand none of the information I have provided or may provide in the future can be considered confidential or protected.

I UNDERSTAND Project Lifesaver® is a program sponsored by the Price County Sheriff's Department who will work in collaboration with other area agencies. I understand SHOULD THE APPLICANT BE ACCEPTED INTO THE PROJECT LIFESAVER® PROGRAM, THE APPLICANT AND/OR HIS OR HER REPRESENTATIVE (AUTHORIZED) AGREES TO RELEASE AND HOLD EACH AGENCY AND ALL THEIR RESPECTIVE PERSONNEL, DIRECTORS AND VOLUNTEERS HARMLESS FROM ANY AND ALL CLAIMS FOR LIABILITY AND/OR DAMAGE, AND WAIVE ANY AND ALL RIGHT TO SEEK RECOURSE FOR ANY LOSSES OR INJURY WHICH MAY OCCUR AS A RESULT OF PARTICIPATION IN THE PROJECT LIFESAVER® PROGRAM.

I HAVE READ THE PROJECT LIFESAVER PROGRAM® STANDARD OPERATING PROCEDURE AND AGREE TO THOSE TERMS. FURTHERMORE, I hereby represent and warrant I have full power and authority as the duly authorized representative of the participant named above, to register and act on his/her behalf.

Name of Applicant or Authorized Representative

Signature

Date