



911 Functional Needs Registry

The Village of Oak Park
Department of Public Health
123 Madison St.
Oak Park, IL 60302

708.358.5480
health@oak-park.us
www.oak-park.us

INTRODUCTION

This form authorizes the Village of Oak Park to transmit important medical information to first responders in the event of an emergency. The information provided will help prepare police and fire personnel for the the respondent's medical conditions. Email this form to **prepare@oak-park.us** or return via mail to *Village of Oak Park, Attn: Emergency Preparedness Coordinator, 123 Madison St., Oak Park, IL 60302.*

REGISTRANT INFORMATION

First Name	Last Name	Birth Date (MM/DD/YYYY)
------------	-----------	-------------------------

Home Address	Apt or Unit #	City
--------------	---------------	------

Home Phone	Mobile Phone	Other Phone
------------	--------------	-------------

Email Address

Do you know American Sign Language (ASL)? Yes No

Type of Disability

- | | |
|--|---|
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Mental/Cognitive Impairment | <input type="checkbox"/> Mobility Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other - Describe _____ |

Medical Assistance Devices

- Wheelchair Walker/Cane Service Animal - Describe _____

Electricity Dependent Support Devices

- Ventilator Home Oxygen System Other - Describe _____

Transportation

- I am self ambulatory
- I am ambulatory but need assistance
- I am in a wheelchair and require a vehicle equipped with a lift
- I am non-ambulatory and require stretcher support

EMERGENCY CONTACT INFORMATION

First Name Last Name Relationship

Home Address Apt or Unit # City

Phone Number Other Phone

Primary Language Secondary Language

CERTIFICATION

Name of Person Completing Form (if different from resident described on page 1) Relationship

Phone number of Person Completing Form Email Address of Person Completing Form

I have read and understand the attached disclaimer Yes

Signature of Person Completing Form Date (MM/DD/YYYY)

VILLAGE OF OAK PARK PREMISE ALERT REGISTRY DISCLAIMER

I expressly understand and agree that the Village of Oak Park (“Village”) has created a Registry for persons with disabilities or special needs that may assist police, fire and other personnel in the event of an emergency. My information or that of a parent, family member, or ward may be included in the Registry only by completing the attached form and providing the completed form to the Village.

The Village and its officials, officers, agents, volunteers and employees are not responsible for determining whether providing information is suitable for my parent, family member, ward, or myself - only I make that decision. All information is voluntarily provided. I must update the information provided if it changes or as requested by the Village.

If I am signing on behalf of a parent, family member, or ward, I represent that I have legal authority through a valid power of attorney or otherwise to do so.

The Village’s police, fire, or other personnel will not supply a parent, family member, ward, or me with preferential consideration in an emergency because I have completed and provided the Village with the attached form.

By completing the attached form, I am providing personal health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to the Village. My signature below indicates the waiver of my right or the right of my parent, family member, or ward to the release of this information to the Village. I understand that the Village will keep the health information confidential and will use it only as permitted and necessary, which may include public health activities.

I may revoke this authorization at any time by doing so in writing to the Village’s Emergency Preparedness and Response Manager, Village of Oak Park, 123 Madison Street, Oak Park, Illinois 60302 or by email to: prepare@oak-park.us. I understand that this authorization shall expire one (1) year from the date of my submission of this authorization unless I renew it in writing to the Village’s Emergency Preparedness and Response Coordinator at the address above or via email to: prepare@oak-park.us.

I release and hold harmless on behalf of my parent, family member, ward, or myself, the Village and its officials, officers, agents, representatives, volunteers and employees from any liability or potential liability including, but not limited to, accidents, injuries, property damage, or death arising out of or related to the information I have provided on the attached form regardless of whether the Village or its officials, officers, agents, representatives, volunteers and employees are negligent.

I have read this Disclaimer and fully understand its terms and voluntarily accept them or accept them on behalf of my parent, family member, or ward.