



Clark County Sheriff's Office

Sheriff Gene A. Kelly

120 N. Fountain Avenue

Springfield, OH 45502

937-521-2050

Dispatch: 937-328-2560



ARE YOU OKAY? Program Emergency Consent Form

I, _____, agree to participate in the Clark County Sheriff's Office ARE YOU OKAY? Program. I do hereby give my permission to Emergency and/or Law Enforcement Personnel to respond appropriately to any perceived emergency situation involving my health and/or safety.

I have identified on my application the name of a key holder that I have given permission to release a key to Emergency and/or Law Enforcement personnel, and the names of family members for emergency contact, so that my house would be accessible for Emergency and/or Law Enforcement personnel in the event of an emergency.

In the event that a key holder or other family member so named cannot respond, I hereby give permission in the event of an emergency situation involving my health and/or safety, to allow Emergency and/or Law Enforcement personnel to enter my residence by force if necessary, and without further delay, to insure my health and/or safety.

I understand that the information contained on the ARE YOU OKAY? Program Field Interview Form will be released to Emergency and/or Law Enforcement personnel as necessary for me to participate in the ARE YOU OKAY? Program.

I also understand that if I have any medical emergency, hospital stay, or take any vacation, I will notify the Sheriff's Office.

Subscriber/Participants Signature

Date

Witness

Date



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ARE YOU OKAY? Program Field Interview Form

(PLEASE PRINT)

Subscriber: _____ Phone #: _____

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____
House Number Street Apt. # City State Zip Code

Phone Number: _____ Cell Phone: _____

Primary Emergency Contact

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____
House Number Street Apt. # City State Zip Code

Phone Number: _____ Cell Phone: _____

Secondary Emergency Contact

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____
House Number Street Apt. # City State Zip Code

Phone Number: _____ Cell Phone: _____

Next of Kin

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____
House Number Street Apt. # City State Zip Code

Phone Number: _____ Cell Phone: _____

Keyholder

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____
House Number Street Apt. # City State Zip Code

Phone Number: _____ Cell Phone: _____

Are there keys on the premises? _____ If so, where? _____

Pets on the premises? _____ If so, type of pets and location: _____

Do you live alone? _____ If not, name of co-residents: _____

Are you able to walk? _____ If not, name physical impairments: _____

Village/City Limit: _____ Fire Dept: _____



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WAIVER AND RELEASE FORM

ARE YOU OKAY? Program

As a subscriber to the ARE YOU OKAY? Program, I the undersigned do hereby "RELEASE and HOLD HARMLESS" the Clark County Sheriff's Office, Sheriff Gene A. Kelly, his deputies and employees against any claim in relation to service received through the ARE YOU OKAY? Program.

I, the subscriber further acknowledge:

1. That the Clark County Sheriff's Office is providing this service as a public service for no compensation, fee or charge.
2. That the Clark County Sheriff's Office may, in their sole discretion, terminate this service at any time.
3. That technical problems or human error may result in a failure of the service at any time.

Knowing this, I the subscriber hereby WAIVE, RELEASE and HOLD HARMLESS the Clark County Sheriff's Office, Sheriff Gene A. Kelly, his deputies, or any employees from any claim arising from a failure, for any reason, to provide the services contemplated by this agreement, and subscriber further agrees to WAIVE, RELEASE, and HOLD HARMLESS the aforesaid, against any claim for direct, incidental or consequential damages arising from any act or omission in connection with participation in this program.

Subscriber/Participants Signature

Date

Witness

Date