SPECIAL NEEDS REGISTRY

When you call 911 from a wire line phone, Peru 911 PSAP Emergency Telephone displays your name, address and telephone number. (A wire line phone is a phone that has a wire from a telephone pole to your home).

Completing this form will alert the 911 Dispatcher that you or someone else living in your household has a medical condition or disability. This information helps the 911 dispatcher to provide the appropriate emergency help. This information will be displayed at the 911 answering point, but, only when you call 911.

In the event of a current emergency. DO NOT use this form. Please call 911 immediately.

RETURN COMPLETED FORM TO:

CITY OF PERU 911
1503 4TH ST
PERU, IL 61354

City of Peru 911

Special Needs
Premise Alert Program

Alert 911 to your Special Needs

Phone: 815-223-2151
Fax: 815-223-0529

Should I complete this form?

You should complete this form if you want your police department, fire department, ambulance or other emergency response agencies to know about medical conditions or disabilities when you call 911 in an emergency.

How Does The Special Needs Registry Work When I Call 911?

The information you provide here is voluntary and will be visible to the dispatcher when you dial 911 from your telephone. Having this information allows them to provide the best course of action to you in an emergency. (*This information is kept Confidential beyond its intended emergency service use*.)

What is not Covered by this Special Needs Registry?

This service is not available for cell or internet phones/VoIP Phones.

How Long Does My Information Stay in the 911 System?

The information that you provide will be put into the 911 system and will stay there for a year unless you request that it be changed or moved. It is your responsibility to notify us when there is a change in the condition described in this form. When there is a change, please send us an updated form. Additional forms can be downloaded at http://www.peru.il.us/

Phone: (815) 223-2151
Fax: (815) 223-0529

Complete the following form. Please describe important medical or disability information about yourself to assist First Responders, i.e. Police, Fire and EMS.

Name:_____ **Date of Birth:**_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Phone:_____

Do you require the use of TDD? (Telecommunications Device for Deaf) Check YES___ or NO___

Please check any conditions that apply:

___ Blind/Partially Sighted **___ Deaf/Hard of Hearing** **___ Using Oxygen**

___ Heart Condition **___ Strokes** **___ Seizures**

___ Wheel Chair User **___ Difficulty Speaking** **___ Asthma**

Other _____

Any additional information that you would like to provide that would aid 911.

_____

I understand that I or the special needs person is not entitled to preferred treatment.
Signed_____