

**CITY OF BAY VILLAGE
COMMUNITY CARE MONITOR**

Subscriber's Phone Number

(Calling will begin at 8:30 A.M.)

Name : _____ **Birthdate:** _____

Address: _____

Doctor's Name: _____ **Phone:** _____

Clergy's Name: _____ **Phone:** _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ **Phone:** _____

Address: _____

NEXT OF KIN:

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

Name: _____

Phone: _____

Address: _____ **Relationship:** _____

Key in Lock Box: Yes **No** **As a Community Care Monitor subscriber you may have a lock box installed by the Fire Department at no cost.**

Key Holder: _____ **Phone:** _____

Address: _____

Do you have a car? _____ **If yes, what make and color** _____

Please complete the Reverse Side of this Form **→ → →**

Pets: Yes No

Type and Location: _____

Live Alone: Yes No

Co-Residents: _____

MEDICAL HISTORY

Able to Walk: Yes No

Physical Impairments: _____

Are you taking any medication? Yes No

List medication

REMARKS

Special note: Answering machines nullify the usefulness of this system and should not be used.

In consideration of my participation in the Community Care Monitor System, I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever against the City of Bay Village and any and all individuals associated with this service, their representatives, successors and assigns. I further waive all claims, demands, and/or causes of action as above spelled out against any person or persons responding to a call generated by this service. I understand this is a community service provided by the City of Bay Village and in no way makes the City or its representatives responsible for my welfare. I also understand this service may be terminated at any time without notice.

Signed: _____ Date: _____

Mail completed form to:

**Bay Village Police Department
28000 Wolf Road
Bay Village, OH 44140
Att: Community Care Monitor**