



MEDICAL NOTIFICATION INSTRUCTIONS

New Client <input type="checkbox"/>	Final Information <input type="checkbox"/>
--	---

Last Four Digits of the 800# Programmed in Phone: 8310

Date	Dealer ID M6200	Subscriber Alarm(8 digit #
-------------	------------------------	-----------------------------------

Start Date	Equipment Type MSM
Referred From (Class Code)	Electric Co-op Member

(When completing the address please write out the address as it is to be told to a 911 dispatcher)

Name	Spouse Name		
Address (complete address no abbreviations)			
City	State	County	Zip

Premises Phone Number

Birthdate:	Animal in Dwelling Yes <input type="checkbox"/> No <input type="checkbox"/> What:
-------------------	---

Directions to home if rural area and/or comments:

Living Will Yes <input type="checkbox"/> No <input type="checkbox"/> Location of Will

Forced Entry Yes <input type="checkbox"/> No <input type="checkbox"/> Hidden Key Information:

Activity Monitoring	None <input checked="" type="checkbox"/>	12 Hours <input type="checkbox"/>	18 Hours <input type="checkbox"/>	24 Hours <input type="checkbox"/>
----------------------------	--	-----------------------------------	-----------------------------------	-----------------------------------

Location of Medications:	Medical History:

RESPONDER CONTACTS (List in priority of call from CRC) Please include the area code.

	Name	Home # w/area code	Mobile # w/area code	Work Phone # w/area code	Key y/n	Relationship	Time to arrive
1							
2							
3							
4							
5							
6							

911 Information	City Dispatch	County Dispatch	Phone Number
Ambulance	Huron		605-353-8550
Police Department	Huron		605-353-8550
Fire Department	Huron		605-353-8550

I (the undersigned) agree that the information on this Notification Instruction Sheet is accurate and the names supplied to act as responders have been notified of their responsibility.

Signature:	Date
-------------------	-------------

Notification Instructions must be forwarded to CRC before monitoring can begin. Email to centralstation@crc.coop.

Submitted By: