

Resident Emergency Information

SECTION 1 - SITE EMERGENCY CONTACT DETAILS AND ALARM RESPONSES

ADMINISTRATION (for completion by Blueforce Administration only)

Village Name: **Leederville Gardens Estate** (if resident occupies a private residence leave blank)

Ambulance Code:

Bureau Code (BF):

Client ID:

SIM Call Back Number:

SITE DETAILS

Resident Name(s):

Site Phone Number:

Street Address:

Suburb:

State:

Postcode:

X-Street:

Key Safe Code:

Email Address:

Key Safe Location:

EMERGENCY CONTACTS

Please list contact details of persons who are able to attend to you quickly in the event of an emergency

Primary Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):
Email

Secondary Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):
Email

Third Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):
Email

Fourth Contact

Contact Name: Phone (Mobile):

Relationship to Client: Phone (Home):

Preferred Contact Number: Mob Home Work Phone (Work):
Email

ALARM RESPONSE PROCEDURE

Response Required: Notify the ambulance service immediately

ADMINISTRATION (for completion by Blueforce Administration only)

Processing Officer: Initials: Date:

NOTE: A medical information sheet must be completed by EACH individual resident listed at this site

SECTION 2 –MEDICAL HISTORY AND INFORMATION AGREEMENT (RESIDENT 1)

RESIDENT DETAILS (RESIDENT 1)

Full Name: Date of Birth:

MEDICAL HISTORY (RESIDENT 1)

This information will be provided to other agencies in the event of a medical or personal emergency only

Please tick if you have a medical history of any of the below conditions:

I have a history of: High Blood Pressure Arthritis Diabetes
 Heart Disease Stroke Asthma

(heart disease as listed above includes heart attack, angina, etc)

Please provide details below of any allergies you may have:

Please provide any further medical information below that may assist our operators and emergency response services:

AMBULANCE COVER (RESIDENT 1)

Please indicate whether you currently have ambulance coverage with an insurance provider by selecting ONE option below:

- Ambulance Coverage: I currently have ambulance coverage
- I do not currently have ambulance coverage

AGREEMENT FOR USE OF INFORMATION (RESIDENT 1)

I confirm the following:

- I give permission for the use of the supplied identifying data and understand that this information will be kept in accordance with requirements of the Privacy Act 2001.
- I give permission for my details to be provided to other agencies in the event of a medical or personal emergency.

Resident Signature:

Date:

Resident Name:

ADMINISTRATION (for completion by Blueforce Administration only)

Processing Officer:

Initials:

Date:

NOTE: A medical information sheet must be completed by EACH individual resident listed at this site

SECTION 2 –MEDICAL HISTORY AND INFORMATION AGREEMENT (RESIDENT 2)

RESIDENT DETAILS (RESIDENT 2)

Full Name:

Date of Birth:

MEDICAL HISTORY (RESIDENT 2)

This information will be provided to other agencies in the event of a medical or personal emergency only

Please tick if you have a medical history of any of the below conditions:

- I have a history of:
- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |

(heart disease as listed above includes heart attack, angina, etc)

Please provide details below of any allergies you may have:

Please provide any further medical information below that may assist our operators and emergency response services:

AMBULANCE COVER (RESIDENT 2)

Please indicate whether you currently have ambulance coverage with an insurance provider by selecting ONE option below:

- Ambulance Coverage:**
- I currently have ambulance coverage
 - I do not currently have ambulance coverage

AGREEMENT FOR USE OF INFORMATION (RESIDENT 2)

I confirm the following:

- I give permission for the use of the supplied identifying data and understand that this information will be kept in accordance with requirements of the Privacy Act 2001.
- I give permission for my details to be provided to other agencies in the event of a medical or personal emergency.

Resident Signature:

Date:

Resident Name:

ADMINISTRATION (for completion by Blueforce Administration only)

Processing Officer:

Initials:

Date: