



# Good Morning Camden & Rockport

## Participant Application Form

**All Information Provided Will Be Kept Confidential**



**Return to: Camden Police Department**

**31 Washington St.**

**Camden, Maine 04843**

**Or call: 236-7953 for assistance**

**Police Department Office Use Only**

Participant number: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

I live alone:        YES        NO    (Please circle proper response)    DOB: \_\_\_\_\_

Contact person who lives nearby:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Person to notify in an emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Conditions the "Good Morning" caller should be aware of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Medications you take on a regular basis (prescription and non-prescription) and dosages

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_  
4. \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Do you have a "DNR", Living Will or Advanced Directive? YES NO (Please circle one)

If yes, which one: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have a preferred hospital: \_\_\_\_\_

Do you have a hidden key: YES NO (Please circle one)

Location of key: \_\_\_\_\_

Do you want the Police Department to have a key: YES NO (Please circle one)

Do you drive a car: YES NO (Please circle one)

Car make, model & color: \_\_\_\_\_

License Plate No. \_\_\_\_\_

Date: \_\_\_\_\_

Person filling out application: \_\_\_\_\_

Participant name if different from above: \_\_\_\_\_

Participant (or authorized representative) Signature: \_\_\_\_\_

**I, \_\_\_\_\_, DO / DO NOT authorize the Camden and/or Rockport Police Department "Good Morning Camden Rockport" program coordinator, or their designee to receive pertinent information about myself from my family or primary care physician as it may pertain to my well being.**

**I, \_\_\_\_\_, DO / DO NOT authorize the "Good Morning Camden Rockport" program coordinator, to inform the Camden and/or Rockport Police Department of my participation in the program and authorize the police to use "forcible entry" if needed to access my house, apartment or mobile home.**

**This will absolve and hold harmless the Town of Camden, Rockport and the "Good Morning Camden Rockport" program of any and all liability for receiving information pertaining to my general well being and safety. It will also absolve and hold harmless the Camden Police Department of any and all property damage that may occur if they are unable to make contact with me and must force entry into my residence.**

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Witness: \_\_\_\_\_