

## Special Needs / Emergency Contact Database

The Cass County Sheriff's Office (CCSO) in cooperation with the Cass Council on Aging (CCOA) is creating a database for individuals in our county who have special needs and may require special assistance in the event of a major emergency such as a tornado, severe snowstorm, toxic spill, etc. The Cass County Emergency Management Office has the ability to notify residents with a large-scale phone 'dial up' service by DCC. If you would like to be a part of this service, please complete and sign this form. When you return this form to us, your information will be entered into this database system. All information is kept confidential and used for the express purpose of responding quickly and efficiently to the needs of Cass County residents.

I hereby give consent and authorize the Cass County Council on Aging and the Cass County Sheriff's Office to obtain information from and/or release confidential information to the Cass County Emergency Management Office for the exclusive use of the DCC system.

Name: _____	<b>Special Need / Medical Condition</b>
_____	<input type="checkbox"/> Cane/Crutches/Walker
Address: _____	<input type="checkbox"/> Wheelchair
_____	<input type="checkbox"/> Life-sustaining Equipment
Phone: _____	<input type="checkbox"/> Mental / Physical Capacity
	<input type="checkbox"/> Refrigerated Medicines
	<input type="checkbox"/> Diabetes
Emergency Contact Name: _____	<input type="checkbox"/> Hearing Impairment
_____	<input type="checkbox"/> _____
Emergency Contact Phone #: _____	
_____	Relationship: _____

### Additional Notes

Please include such identified conditions such as illness, wheelchair-bound, paralysis, disease requiring life-sustaining equipment, mental capacity due to age or illness, anything that might impact the ability to respond / recover after an event.

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### Release of Liability

I/We agree that neither the CCSO, CCOA, its Board of Directors, Board of Commissioners, staff, volunteers, nor any of its funding, and/or in kind sources will be held responsible or liable in any way whatsoever as a result of any incident or accident which might be construed to adversely affect the health, safety, or welfare of myself/ourselves during the time I/we are receiving this service.

### Authorization to Secure Emergency Medical Treatment

I/We authorize the CCOA/CCSO to secure emergency medical treatment for myself/ourselves should an emergency arise.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Witness/Date

\_\_\_\_\_  
Guardian Signature (if applicable)

\_\_\_\_\_  
Date