

CHOWAN COUNTY SHERIFF'S OFFICE

SHERIFF DWAYNE L. GOODWIN

305 W. FREEMASON ST
EDENTON NC 27932
PHONE: (252)482-8484

Are You O.K. ENROLMENT FORM

Full Name: _____

Address: _____ Date Of Birth: _____

Home Phone Number :() - _____

Cellular Phone Number :() - _____

People we may contact in an emergency/ who has keys to your Home:

Name: _____ Age: _____

Address: _____

Home Phone#: _____ Cell# _____

Name: _____ Age: _____

Address: _____

Home Phone#: _____ Cell# _____

Name: _____ Age: _____

Address: _____

Home Phone#: _____ Cell# _____

Other: _____

Next Of Kin: _____ Relationship: _____

Address: _____

Home Phone#: _____ Cell# _____

Primary Care Physician: _____

Address: _____

Phone# _____

Health Issues: _____

Known Allergies: _____

Medications:

NAME of MEDICATION	Dosage Amount	How many times a day

Are you able to walk: YES or NO

List any mobility issues you may have: _____

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Are You O.K. Program Consent Form

I, _____, agree to participate in the Chowan County Sheriff's Office Are You O.K.? Program. I hereby give my permission to emergency and Law Enforcement representatives to respond to any perceived emergency situation involving my health and/or safety.

I am voluntarily providing the contact information of a relative or friend who has access to my home so that emergency personnel will be able to enter my home in the event of an emergency.

It is my understanding that the information listed on the enrollment form will be released to Law Enforcement and Emergency Personnel as necessary during my participating in the Are You O.K.? Program.

PARTICIPANTS SIGNATURE

DATE

FAMILY MEMBERS SIGNATURE

DATE

SHERIFF'S OFFICE STAFF SIGNATURE

DATE