



**Residential Emergency Response Information Form
Ramsey County Emergency Communications Center**

This information will be used in responding to emergencies at your residence. It may be relayed by the Ramsey County Emergency Communications Center staff electronically or by radio to police officers, firefighters, paramedics, or other emergency personnel during an emergency.

Name: _____

Address: _____ Apt: _____

City: _____

Phone numbers: Home Work Cell
() _____ () _____ () _____

Email address: _____

Medical Information

Special conditions _____

Medications _____

Allergies _____

Special contacts

Clinic/Physician: _____

Clinic/Physician phone number(s): _____

Hospital name and phone number: _____

Contacts

Note: The following should be individuals who live fairly close to you and could respond to assist police officers, firefighters, paramedics, and other emergency personnel in entering or securing your home during an emergency.

Name/Relationship: _____

Phone number(s): _____

Name/Relationship: _____

Phone number(s): _____

Name/Relationship: _____

Phone number(s): _____

Under Minnesota law, an individual asked to provide personal information must understand and agree to the following:

- A. The purpose of requesting the data on this form is to provide needed information to the identified emergency personnel to better assist me and my family in an emergency situation.
- B. Completing this form with personal information is completely voluntary. I can refuse to provide the information and can revoke the release of the personal information at any time.
- C. This information will be disclosed to police officers, firefighters, paramedics, personnel at the Ramsey County Emergency Communications Center, and other emergency personnel for use in an emergency.
- D. The persons to whom the information is disclosed as described in Section C maintain the discretion to use or not use the information as deemed appropriate by them. Neither Ramsey County nor any of the government entities or their employees or subcontractors shall be liable for any loss or damage resulting from the good faith exercise by them of their discretion to use or not use the provided information.
- E. I have independently made the determination that it is beneficial to me and my family for the identified emergency personnel to have this data.
- F. It is my responsibility to provide updates to the information provided on this form. Neither Ramsey County nor any of the government entities shall be liable for any loss or damage resulting from reliance by their emergency personnel, including employees and subcontractors, on the information in this form that is incorrect or out of date.

I have read and agree to all of the above points. To the best of my knowledge the information I have provided in this form is true and accurate. **I understand this information will be purged one year from the date on the form and it is my responsibility to submit an updated form to the Emergency Communications Center.** If information should change please let us know.

Signature Date

Please fax to the ECC CAD Help Desk at 651-266-7705, email to ecccadhelpdesk@outlook.com or mail to ECC CAD Help Desk, Ramsey County Emergency Communications Center, 388 13th St., St. Paul, MN 55101.