



# BURLINGTON TOWNSHIP POLICE DEPARTMENT SENIOR CITIZEN CARE PROGRAM



In the event of extreme weather conditions; such as a heat wave (three or more consecutive days of 90 degree weather) or a cold snap (three or more consecutive days below zero), do you want the Burlington Township Police Department to call your residence to check on you? If yes, please answer the following questions.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Day and Night Phone Numbers \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Day and Night Phone Numbers \_\_\_\_\_

List any medical conditions: (Note: if more than one individual has a condition list name and then condition)

\_\_\_\_\_  
\_\_\_\_\_

List any medications by individual: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Phone Number \_\_\_\_\_

Is there a DO NOT RESUSCITATE (DNR) order in effect? Yes  NO

If yes, for who and where is it kept? \_\_\_\_\_

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