

STAUNTON POLICE DEPARTMENT

VOLUNTARY DATABASE ENTRY FORM

In compliance with Va. Code Section 9.1-193(F), each locality shall establish a voluntary database to be made available to the 9-1-1 alert system and the Marcus alert system to provide relevant mental health information and emergency contact information for appropriate response to an emergency or crisis. If you are an individual with the behavioral health illness, mental health illness, developmental or intellectual disability, or brain injury; the parent or legal guardian of such individual if the individual is under the age of 18; or a person appointed the guardian of such person, you may voluntarily provide identifying and health information concerning behavioral health illness, mental health illness, developmental or intellectual disability, or brain injury to this database. Provision of such information is completely voluntary. This information will be made available only to the 9-1-1 alert system and the Marcus alert system.

NAME (LAST, FIRST, MIDDLE):

PHYSICAL ADDRESS:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

DATE OF BIRTH:

SSN:

DRIVER'S LICENSE NUMBER:

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

RACE:

SEX:

IDENTIFYING SCARS, MARKS OR TATTOOS:

CAREGIVER INFORMATION (IF APPLICABLE)

NAME (LAST, FIRST, MIDDLE):

RELATIONSHIP:

PHYSICAL ADDRESS:

CONTACT PHONE NUMBER:

EMPLOYER ADDRESS AND PHONE NUMBER:

EMERGENCY CONTACTS: LIST 3, IF AVAILABLE

NAME (LAST, FIRST, MIDDLE):

RELATIONSHIP:

PHYSICAL ADDRESS:

CONTACT PHONE NUMBER:

EMPLOYER ADDRESS AND PHONE NUMBER:

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NAME (LAST, FIRST, MIDDLE):

RELATIONSHIP:

PHYSICAL ADDRESS:

CONTACT PHONE NUMBER:

EMPLOYER ADDRESS AND PHONE NUMBER:

NAME (LAST, FIRST, MIDDLE):

RELATIONSHIP:

PHYSICAL ADDRESS:

CONTACT PHONE NUMBER:

EMPLOYER ADDRESS AND PHONE NUMBER:

PRIMARY DOCTOR'S NAME:

OFFICE NUMBER:

OFFICE ADDRESS:

DIAGNOSIS:

MEDICATIONS:

IMPORTANT INFORMATION FOR FIRST RESPONDERS: What happens during a crisis? Detail stressors or triggers for the individual. Is there a crisis plan? How can first responders help during a crisis? Detail anything else relevant to first responders.

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COMPLETE THIS SECTION ONLY IF REPORTING ON BEHALF OF THE INDIVIDUAL

ARE YOU THE PARENT OR GUARDIAN OF THE PERSON BEING REGISTERED?

NAME OF REPORTING PERSON

PHONE NUMBER