

**PROJECT LIFESAVER**

August 5, 2015

PERSONAL DATA QUESTIONNAIRE

Emergencies by their very nature are unexpected and unpredictable. Because of this, time is of the essence when a persons with diminished capacity is lost or missing. For this reasons, we strongly encourage all forms associated with Project Lifesaver are up-to-date, complete and accurate. It's vital for our Search and Rescue Teams to have detailed information, on hand, to outline the framework for a successful search and rescue mission.

Client's Full Name:		Phone Number:	Cell Number:
Date of Birth: / /	Sex: (circle One) Male / Female	Race:	Complexion:
Facility or Organization:			
Person's Name Completing Form:		E-mail Address:	
Most Recent Address: (Street, City, State, Zip-Code)			Most Recent Occupation:
School/Day Care Program: (If Applicable)			
Family and Friend Information: (Other people client may try to contact)			
Person's Name:		Relationship:	Contact Number: ()
Address: (Street, City, State, Zip-Code)			
Person's Name:		Relationship:	Contact Number: ()
Address: (Street, City, State, Zip-Code)			
Person's Name:		Relationship:	Contact Number: ()
Address: (Street, City, State, Zip-Code)			

Please add any additional information you may think is relevant to a search and rescue:

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PLS CHARACTERISTICS QUESTIONNAIRE

Client's Name:	Client's Number:	Frequency Number:
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1. Does the client remain oriented to "time and person"? YES / NO
Please explain: _____
2. Does the client recognize familiar people or faces? YES / NO
Please explain: _____
3. Who does the client feel the most closest or belonging to? _____
4. Does the client remember names, their own, family members and friends? YES / NO
Please explain: _____
5. Will the client associate with stranger? YES / NO
If yes, explain: _____
6. Where was the client born or predominately raised? _____
If not local, do they know the area well? YES / NO
If no, what area is/are familiar to them? _____
Do they know how to get there? YES / NO Explain: _____
7. How well can the client communicate? For example, Unable, Poor, Fair, Excellent:
Please explain: _____
8. Does the client experience diminished knowledge? YES / NO
If yes, please explain: _____
9. Does the client relive past events? YES / NO
If yes, please explain: _____
10. Can the client properly cloth or dress themselves on a daily basis? YES / NO
If no, please explain: _____
11. Are the client's sleep patterns regular? YES / NO
Please explain: _____



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PLS CHARACTERISTICS QUESTIONNAIRE

12. Does the client frequently suffer from personality or emotional changes? YES / NO
If yes, please explain: _____
13. Does the client experience hallucination or delusions? YES / NO
If yes, please explain: _____
Are they violent? YES / NO If yes, explain: _____
What tends to calm them down: _____
14. Is the client a danger to themselves or others? YES / NO
If yes, please explain: _____
15. Does the client have any fears? For instance: Dogs, Darkness, Water etc. YES / NO
If yes, please explain: _____
16. Does the client use any tobacco products? YES / NO
If yes, please explain: _____
Do they carry matches or lighters? YES / NO
17. Does the client eat candy, chew gum or other snacks? YES / NO
If yes, please explain: _____
Do they have a favorite store to obtain these items? Explain: _____
18. Does the client carry food items? YES / NO
If yes, please explain: _____
19. Does the client carry other items; like, wallet, cosmetics, cash, checks etc.? YES / NO
If yes, please explain: _____
20. Does the client wear jewelry? YES / NO
If yes, please explain: _____
21. Has the client taken any outdoor classes?
If yes, where and when: _____
22. Has the client ever had first aid training? YES / NO
If yes, where and when: _____



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PLS CHARACTERISTICS QUESTIONNAIRE

23. Has the client been involved in scouting, outdoor recreation or camping? YES / NO

If yes, where and when: _____

24. Has the client ever been lost? YES / NO

If yes, where and when: _____

Was client located by searchers or did s/he find their way home? YES / NO

If yes, please explain: _____

25. Does the client ever go out alone? YES / NO

If yes, where and when: _____

26. Is the client quiet or outgoing? YES / NO

If yes, please explain: _____

Does the client like to be alone or with groups? YES / NO

Please explain: _____

27. What is the clients athletic interest or abilities?

Please explain: _____

28. Does the client have any interests or hobbies? YES / NO

Please explain: _____

29. Does the client have any religious affiliation? YES / NO

Please explain: _____

Please add any additional information you may think is relevant to a search and rescue:

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HEALTH QUESTIONNAIRE

Client's Name:		Client's Number:		Frequency Number:	
Physical Characteristics:					
Sex: (circle One) Male / Female		Race:		Complexion:	
Eye Color:		Hair Color:		Hair Style:	
Height:		Weight:			
Beard:	Mustache:	Sideburns:	Balding:	False Teeth:	
Shape of facial features: (Round, Square, Oval etc.)			Distinguishing Marks: (Scars, Tattoos, Birthmarks, etc.)		
General Appearance:					

1. Other than English, what language does the client speak and understand? _____
2. Does the client understand "spoken" words? YES / NO
3. Does the client understand "written" words? YES / NO
4. Does the client wear glasses or contact lenses? GLASSES / CONTACT LENSES
5. If answer 4 above is noted, to what degree is their vision without corrective lenses?
For example: Legally Blind, Poor, Fair etc. _____
6. Does the client wear a hearing aid? YES / NO If yes, what style? _____
7. If answer 6 above is yes, to what degree is the client's hearing without corrective hearing? For example: Deaf, Poor, Fair etc. _____
8. Does the client have any known physical handicaps? YES / NO
If yes, please explain: _____
9. Does the client have any known medical conditions? YES / NO
If yes, please explain: _____



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HEALTH QUESTIONNAIRE

10. Does the client take daily medication? YES / NO

If yes, please list the drug by name and dosage:

_____	_____
_____	_____
_____	_____
_____	_____

If medication is not taken as prescribe, what if any are the consequences:

11. Does the client use ambulatory equipment like a cane, walker etc.? YES / NO

If yes, please explain the purpose and frequency of use: _____

12. Is the client currently utilizing oxygen therapy? YES / NO

13. Does the client have a past or present drug problem? YES / NO

If yes, please explain: _____

14. Does the client consume alcohol; past or present? YES / NO

If yes, please explain: _____

15. Has the client been involved in criminal activity or in trouble with the law? YES / NO

If yes, please explain: _____

Please add any additional information you may think is relevant to a search and rescue:



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WAIVER AND RELEASE

Now comes _____ (Responsible Party), whose address is

_____ (City) _____ (state)

_____ (Zip Code) _____ and acknowledges that he/she is authorized to act in the name of and on behalf of _____ (Designated Recipient), that he/she desires to participate in the **NEWPORT NEWS SHERIFFS OFFICE PROJECT LIFESAVER** (the "Program") for the benefit of the Designated Recipient, and he/she understands, acknowledges, and agrees as follows:

1. The **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** is a search system which uses electronic signaling devices as aids in searching the Newport News area for lost persons who suffer from diminished mental capacity or other disabilities.
2. The **NEWPORT NEWS SHERIFF'S OFFICE** is under no legal or other duty to provide such a system to person's suffering from such diminished capacity or disability.
3. The **NEWPORT NEWS SHERIFF'S OFFICE** does not act as an agent, representative, or surrogate for any other person, agency, local governing agency or legal entity in undertaking the Program, and neither obligates nor is able to obligate any other person, agency, local governing agency or legal entity by undertaking such a Program.
4. The Program uses a system consisting of a Wristband transmitter or its equivalent, together with monitoring, response and tracking services appropriate and necessary for the use of such equipment.
5. It is the duty of the Responsible Party to immediately notify the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** in the event the Designated Recipient of the tracking bracelet is discovered missing. *Call 757-926-3984, tell the Deputy that you are a caregiver and/or a family member in the Project Lifesaver Program and are in need of assistance. Then give them your name, the client's name, give the (6) digit number located on the inside of your folder.*
6. In the event the transmitter is no longer needed by the Designated Recipient, the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** is to be notified immediately so that the transmitter can be removed.
7. If the transmitter is lost or otherwise rendered unusable, the Responsible Party shall reimburse the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** the actual replacement cost of the transmitter.
8. It is expressly understood and agreed the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** is **NOT** responsible in any respect for any technical failure due to manufacturing or material defects of the equipment herein provided. It is expressly understood and agreed that the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** makes no warranties of any kind of regard to the equipment, the operation or effectiveness of the equipment, the fitness or suitability of the equipment for a particular purpose, or merchantability of the equipment. In addition, the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** is not responsible for any failure of the telephone pager system used for emergency messages or alerts. Telephone systems fail to perform or under perform from time to time. The **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** makes no warranties of any kind with regard to the telephone systems used in this program.
9. It is specifically agreed and understood that the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** shall retain all title and interest in the equipment.



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WAIVER AND RELEASE

10. It is specifically agreed and understood that the **NEWPORT NEWS SHERIFF'S OFFICE** can terminate the Program at any time in its sole discretion.
11. The responsible party expressly acknowledges and agrees that the transmitter tracking system is **NOT** intended to replace the care, monitoring, and attention of the Designated Recipient to be provided by the Responsible Party. The Responsible Party on behalf of the Designated Recipient, accepts the use of the equipment and services are intended to be merely an additional and ancillary (supplementary) tool for attempting to locate the Designated Recipient of the bracelet in the event the Designated Recipient is discovered missing.
12. The Responsible Party hereby releases and holds harmless the **CITY OF NEWPORT NEWS**, the **NEWPORT NEWS SHERIFF'S OFFICE**, **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER**, and their respective volunteers, employees, agents, and assigns, from any all liability arising, regarding the performance and fulfillment of monitoring, response, and tracking services and equipment.
13. The Responsible Party hereby releases and holds harmless the **CITY OF NEWPORT NEWS**, the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER**, and the respective volunteers, employees, agents and assigns, for all action and inaction on its part, and agrees to indemnify the **CITY OF NEWPORT NEWS**, the **NEWPORT NEWS SHERIFF'S OFFICE**, the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER**, and their respective volunteers, employees, agents and assigns against all claims, actions, lawsuits, or causes of action brought against the **CITY OF NEWPORT NEWS**, **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** and their respective volunteers, employees, agents and assigns whether by Responsible Party, or on Responsible Party's behalf, or by others, even if such a claim is false or fraudulent, and regardless of who the parties may be.
14. The Responsible Party understands and agrees that the **NEWPORT NEWS SHERIFF'S OFFICE PROJECT LIFESAVER** makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services or equipment provided, or of any search or searches undertaken utilizing the transmitter system or other electronic equipment.
15. The Responsible Party specifically agrees and promises **NOT** to rely upon the equipment or services herein for the safety, security, welfare, finding or retrieval of the recipient of the transmitter. The Responsible Party agrees and understands that the equipment and services provided under this agreement may be ineffective for the intended purposes. The Responsible Party specifically disclaims any reliance, expectation of success or dependence upon the equipment or services for the health, safety, welfare, finding, rescue or retrieval of designated person.

RESPONSIBLE PARTY

WITNESS

Signature

Signature

Print Name:

Print Name & Title

Phone Number

Phone Number