Project Lifesaver®

Caregiver Instructions

Emergency Phone or Pager:

- 1. Check the transmitter everyday with the tester provided
- 2. If a problem exists or the transmitter isn't indicating transmission (no pulsing or steady burning red light), notify us right away.
- 3. Always remember to sign and date the tester sheet
- 1. Check the transmitter everyday with the tester provided
- 2. If a problem exists or the transmitter isn't indicating transmission (no pulsing or steady burning red light), notify us right away.
- 3. Always remember to sign and date the tester sheet.

Caregivers Signature: _____

- 4. If the client is missing notify 911 Emergency Services
 - A. If at home, you may give your client number and contact information so we can call you back while responding.
 - 3. If you are not at home, be sure to give the telephone number where we may reach you as well as your client number.
- 5. While 911 Emergency Services is responding check obvious places around your home.

EMAIL ADDRESS:	
The frequency set on this Proje in some other surrounding coo arrangements have been made	ect Lifesaver device is meant for Indian River County and may be available perating counties and will not work in other counties unless previous s.

Project Lifesaver® Program Contract

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

- 1. I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take full responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.
- 2. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver bracelet. Project Lifesaver equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
- 3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the bracelet has been removed or is defective; I will call Project Lifesaver immediately.
- 4. When I notice that the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver and report the Applicant as a missing person. Project Lifesaver teams will respond to search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
- 5. I understand that I will pay a \$50. deposit when the project lifesaver device is placed on the applicant.
- 6. I understand that while Project Lifesaver is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Project Lifesaver or any of its employees or volunteers, Provincial or city Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.

'
I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
I specifically waive any rights to confidentially to the Applicant's medical records by Project Lifesaver international or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.
I understand that Project Lifesaver is a program administered by: Alzheimer & Parkinson Assn. of IRC release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Project Lifesaver Program.
I understand that the transmitter and tester remain the property of Azheimer & Parkinson Assn. of IRC — and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Alzheimer & Parkinson so others in need can participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of \$400.00 for equipment unless the equipment is returned to Alzheimer & Parkinson Assn. of IRC.
I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify 911 immediately when I discover the Applicant missing, or if I fail to notify Alzheimer & Parkinson when I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Alzheimer & Parkinson and I will return to the original security measures, which were in place prior to enrollment in Project Lifesaver, and without recourse to Project Lifesaver.
CAREGIVERS NAME (PRINTED)
CAREGIVERS SIGNATURE
DATE
(WITNESS)

Alzheimer & Parkinson Assn. of Indian River County 772-563-0505 (AFFILIATE NAME)

APPLICANTS NAME

FOR PROJECT LIFESAVER

Client Number:	Frequency: 216-
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Project Lifesaver® Client Profile

Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish a more effective search response.

Resident:	
Address:	
City/State:	Zip:
Phone:	
Date Transmitter Placed:	
Facility/Organization:	Phone:
Address:	
PL Servicer filling out this form	1;
PL Servicer that places transm	itter on:
	Resident's Personal Data
Birthday:	Sex: Male/Female Race:
Nickname(s):	John Material Material
Most recent address:	
Most recent place of work:	
Most recent occupation:	
Name of Spouse:	Living/deceased (circle)
•	
	Family/Friend Information
Other persons the resident mig	tht contact (family, friends, etc.)
Namo:	Dhona
A P 1	Phone:
Pelationship to client:	The state of the s
Name	Phone:
Address:	
Relationship to client:	
retationship to ellere.	
Responsible Party Paying for cli	lent:
and a market is an extended to the	PM 8 8 32 8
Diagnosis:	

Physical Description

Heightftin.	Weightlbs.	Butld
Hair color	Hafr Style	Eye Color
Complexion	Beard Yes/No	Sideburns Yes/No
Distinguishing marks, scars, tatto General Appearance	/Square/Oval/Other oos, etc. Describe	False Teeth Yes/No understood?
Spoken word only Yes/No	or	Written/Spoken
Does Resident wear glasses? Yes If yes to any of the above what s If resident wears glasses or correthe eyewear? None/Poor/Fair (c	tyle: ctive eyewear what degre	Sunglasses Yes/No. ee of vision does he/she have not using
	Personal Data Question	<u>nnaire</u>
Does Resident wear a hearing aid If yes, what type of hearing with	l? what out Aid? None/Poor/Fair	style?(circle one)
	Health/Psychological Co	ndition
Any known physical handicaps? _ (Describe please) Any known medical problems? _ (Describe please) Medications taken regularly?	710	
List any medication using correct	name of drug and dosage	being taken:
	ications?	
		Phone No.

1.	Does the Resident remain Explain	n oriented to Time and Person? Yes/No
2.	Does the Resident recogn	nize familiar persons and faces? Yes/No
3.	Can the Resident travel t	o familiar locations? Yes/No
4.	Does the Resident have his/her life? Yes/No Explain	deceased knowledge of current events or tend to re-live events in
	Does the Resident somet Example: Putting shoes	imes clothe himself/herself improperly? Yes/No
	Fynlain	mber his/her own name and the names of spouse and or children?
7.	Are the Resident's sleep	patterns frequently? Yes/No
8.	Does the Resident suffer	from frequent personality and emotional changes? Yes/No
	LAPIGHI	·
	Does the Resident sufference on the mirror, I Explain	er from delusions (See Imaginary Visitors, Talk to his/her own Imagine that their spouse is an imposter, etc?) Yes/NO
	(circle one please)	's communication abitity? None/Poor/Fair/Good/Excellent
ersor	nal Articles Mormally Carri	ed by the Resident:
obac	co Products: Yes/No	Type Brand
andy	/Gum: Yes/No	Brand
latch	es: Yes/No	Lighter: Yes/No Type
ood I	tems:	
	tissue or other pocket/pu	irse items:
ppro Vhere	dmate Amount of Cash or Normally Carried	Hand? \$
ianab	ag, Purse or Wallet:	
ewelı Vatch	y (Please describe) ?Type	Type Color Color Description
	, 	Equipment
lane/ other:	Walker or	Hunting/Fishing, Etc (circle one or describe)

If Alzheimer's disease has been diagnosed, Answer the following:

Familiar with area? Yes/No If not local, what other areas a	How recently re known to Reside	ent?	Days/Months/Years
Taken outdoor classes? Yes/No	Where?	When?	
Taken first-aid training? Yes/No	o Where?	When?	
Involved in Scouting? Yes/No Ex	kplain		
Military Experience? Yes/No Wi	nere?	When?_	
Recreational Outdoor Experienc	e? Yes/No		
Overnight Camping Experience?	Yes/No		
Ever been lost before? Yes/No V	Vhere		
When	Time of	Day	
Located by searchers or walk ou	it by himself/herse	elf?	
Location found			
Actions taken			
Ever go out alone? Yes/No stay o			
General Athletic Interest/Abiliti	es		
	<u>Personali</u>	ty Habits	
Smoke? Yes/No How often	what	Brand	
Drink Alcohol? Yes/No What	Type?	Brand	
Use Illicit Drugs? Yes/No How of Hobbies/Interests	ten	Type	
Outgoing or Quiet; Likes Groups	or being alone?		
Evidence of Leadership Yes/No E	xplain	MARIN AL.	
Ever been in trouble with the lai	wr yes/NO what		
Religious? Yes/No what faith			
What does Resident value most?	As .		
What does Resident value most? Which family member is resident	t closest to?	Re	lationship
Mhere was Resident born and ra	ised?		
las Resident received any letter	recently? Yes/No	from Whom	
s resident afraid of Dogs? Yes/N Horses? Yes/No People? Yes/ actions taken hurt? (Cry, shout, o	'No Other (exp	olain)	What

Will Resident talk to strangers? Yes/No(circle one) is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

ALZHEIMER

PARKINSON ASSOCIATION OF INDIAN RIVER COUNTY

Alzheimer & Parkinson Association of IRC (APAIRC)

PHOTO RELEASE FORM

I hereby grant the APAIRC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the APAIRC and will not be returned.

I hereby irrevocably authorize the APAIRC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the APAIRC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHIOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

On behalf of (print name)	
Signer /Relationship (print name)	
Signature	Date

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Sheet	Frequenc	У	Client i	¥	ID Code)	
		Project L	ifesave	er Internationa eck Sheet			
Client	Name	Client City/Zip		Client Location ((Address)	Contact Pho	one
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☐ Client Facili	ty 🗆 House 🗆 Api	. Duplex 🗅 Traile	r 🗆 Hospi	tal D Nursing Hom	ie 🗆 Asst. Liv	ing □ Secured	□ Fenced
Day	Month	Time	Pe	rson Inspecting Equ	uipment	Соп	ments
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