

WHAT IS HEADS UP?

The James City County Emergency Dispatch Center maintains a program called **HEADS UP**, where pre-recorded information about the special needs of persons residing at a specific address is placed into our database. Upon receiving a request for help the database identifies addresses with special needs, and provides possible life saving information to responding fire, medic, and police units. Once the information is submitted to the Communications Director it is kept in the database until the resident cancels the request. Please contact the Director when this program is no longer needed.

Who Is This Program For?

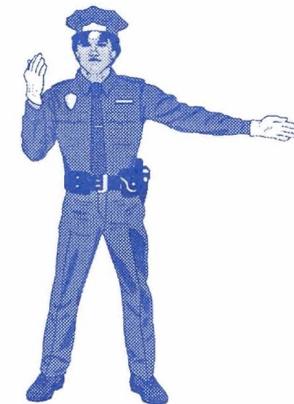
- SIDS Babies
- Heart Patients
- Bed Ridden Patients
- Persons in Wheelchairs
- Hearing Impaired (deaf or nearly deaf)
- Sight Impaired (blind or nearly blind)
- Other Disabilities / Illnesses / Special Needs

Submit applications or inquiries to:
Carole Martin - Director
Emergency Communications
3127 Forge Road
Toano, Virginia 23168
Or Call (757) 564-2144
Monday - Friday



James City County Central Dispatch
3127 Forge Rd.
Toano, VA 23168

HEADS UP



Helping James City County Emergency Services help you. **HEADS UP** is a program that provides information to emergency personnel, that could be life saving in a time of need.

HEADS UP Program Request

Complete and Mail to : Carole Martin, Director of Emergency Communications; 3127 Forge Rd.; Toano, VA 23168

Name _____
Last First Middle Initial Nickname

Address: _____
Street Address City Zip Code

Telephone: _____ Birth Date: _____
Home Phone (m m / d d / y y y y)
Work Phone SSN# _____
(Optional)

Sex: _____
Race: _____
Height: _____
Weight: _____
Hair: _____
Eyes: _____
Blood Type: _____

Medical Alert Device? Yes _____ No _____

Alarm Company: _____
Name Phone

Emergency Contacts:
1. _____
Name Phone
2. _____
Name Phone
3. _____
Name Phone

Pre-existing Medical Conditions: _____

Allergies: _____

Special Medical Equipment Used: _____

Mobility Impaired? Yes ___ No ___ (Check type) Cane ___ Crutches ___ Walker ___ Bedridden ___ Wheelchair ___

Hearing Impaired? Yes ___ No ___ Use Sign Language ___ Special Needs: _____

Visually Impaired? Yes ___ No ___ Blind? Yes ___ No ___ Special Needs: _____

If person does not speak/understand English indicate which language they speak: _____

Other Information: _____

I understand that the information on this form will be given to responding Medic / Fire / Police units whenever it becomes necessary to respond to this address. This information is sensitive and will be treated with the utmost confidence. James City County is not responsible for computer outages that prohibit the dissemination of this information.

Signature Date

Office Use Only
Codes: _____ Date Entered _____ Record # _____ Purge Date _____
Authority / Agency _____ Remarks: _____