

**Lancaster County Keepsafe Program
Registration Form**

Name: _____ **Telephone #** _____

Address: _____ **Time To Call: 7:00 19:00**

DOB/ _____

Begin: _____ **End:** _____ **Reason:** _____

Attending Doctor: _____ **Telephone #** _____

Type Of Illness: _____

Medications: _____

Key holder: _____ **Telephone #** _____

Key Location at the Home: _____

Directions to the home: _____

Special Instructions: _____

Specific information for officers to check prior to entry:

Vehicles/animals on property/gate open etc.

Activities: _____

Church (nights), Doctor Visits etc.

Family: Name: _____ **Telephone** _____

Name: _____ **Telephone** _____

Name: _____ **Telephone** _____

Additional Information: _____