

LANCASTER COUNTY SHERIFF'S OFFICE  
KEEPSAFE PROGRAM

NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TIME TO CALL \_\_\_\_\_

\_\_\_\_\_ BEGIN \_\_\_\_\_

END \_\_\_\_\_ REASON ENDED \_\_\_\_\_

ATTENDING DOCTOR \_\_\_\_\_ TEL. NO. \_\_\_\_\_

TYPE OF ILLNESS (S) \_\_\_\_\_

MEDICATION (S) \_\_\_\_\_

KEYHOLDER NAME & TEL. NO. \_\_\_\_\_

WHO SHOULD BE NOTIFIED IN THE EVENT OF AN EMERGENCY (NAME & TEL. NO.)?

DIRECTIONS TO HOME \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_