Restoule Emergency Management

Restoule LSB Vulnerable Person Registration Form

The Vulnerable Persons Registry (VPR) is a community based emergency preparedness initiative. The registry promotes communication between vulnerable persons, the people who support them and emergency services.

This information will assist emergency responders during a large scale emergency situation (e.g. ice storm, tornado) to identify and assist vulnerable individuals within the Municipality. The registry provides quick access to critical information about a registered person, such as who to call in an emergency, disabilities, a detailed physical description, and any particular sensitivities that the person may experience. Registration is completely voluntary. The database is to help alleviate safety concerns for those that are vulnerable in our community.

A vulnerable person is defined as a person who due to medical, cognitive, or physical condition may require assistance during a large scale emergency. Examples of Vulnerable Persons may include persons with limited mobility, who are elderly and live alone, who rely on portable oxygen machines, etc..

When a Vulnerable Person is thought to be at risk, his or her personal information will be shared with relevant organizations, enabling them to quickly respond and provide effective assistance to the registrant.

For more information contact:
Mike McVeety
Restoule Emergency Management Secretary
Restoule Local Services Board
restoulelsb@xplornet.ca
705-303-2371

Restoule Emergency Management

Consent to Collect, Use and Disclose Personal Information

The information collected in this form is personal information (including but not limited to name, contact information, physical and behavioral characteristics and traits) as defined by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, c M.56.

Purpose for Collection & Use: This information is collected for the purpose of informing first responders during a large scale emergency of the location and needs of vulnerable persons in the municipality and to assist with the emergency services interaction with the Registrants where incidents may occur. Occasionally, Emergency Services may refer to the personal information to better understand the Registrants' needs and how we can improve service in relation to the Registrant.

Disclosure: The personal information collected may be disclosed to law enforcement bodies for the purpose described above.

Retention: The retention, as well as any other use or disclosure, of this information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c M56

It is your responsibility to ensure that the information so collected is current and valid.

Release

In consideration of the Restoule Local Service Board's compliance with the collection, use and disclosure as set out above, I release, waive and forever discharge the Restoule Local Service Board's, its board members, employees and agents, and other law enforcement bodies from all claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, resulting or alleged to result from your compliance with the foregoing authorization. I further waive any and all rights I may now or in the future have with respect to any disclosure of the personal information collected.

I agree that this is a completely voluntary sharing of information in the best interest of safety for the vulnerable person. This is to mitigate risk of harm but in no way guarantees safety or protects the individual from being accountable for criminal activity.

I declare that I am 18 years of age or older and that I have the authority to provide this personal information on behalf of the Registrant. I further declare that I have read the information provided above and I consent to the collection, use and disclosure of the personal information as described and the release described.

Name:_____ Signature:_____

Date:_____

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1. Basic Information for Vulnerable Citizen

Surname:_____ Given Names:_____

Photo:

Gender:_____ Date of Birth (yyyy/mm/dd):_____

Email:_____ Phone(h):_____

Phone(c):_____ Language:_____

Address: _____

_____

_____

School/Employer: _____

Height:_____ Weight: _____

Eyes:_____ Hair:_____

2. Considerations for Emergency Services

Disabilities:

_____

_____

_____

Medical Conditions – *requires oxygen, nebulizer, home dialysis, etc.*

_____

_____

_____

Communication - *receptive and expressive – type i.e. visual cues; sign language; augmentative communication device; non verbal.*

_____

_____

_____

Cognitive Abilities - *providing examples; absolutely no understanding of issues of safety and danger (i.e.: to avoid a hot surface); attention span.*

_____

_____

_____

3. Emergency Contacts

Primary Emergency Contact

Contact Name:_____

Relationship to individual:_____

Contact Phone Number_____
Ext.

Alternate Phone Number: _____
Ext.

Secondary Emergency Contact

Relationship to individual:_____

Contact Phone Number_____
Ext.

Alternate Phone Number: _____ *Ext.*

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Who is completing the registration

Surname: _____

First Name: _____

Relationship: _____

Permission: _____

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Once completed, return to Restoule LSB Emergency Management by mail to:

Restoule Local Services Board
Emergency Management
General Delivery
Restoule, ON P0H 2R0
Email: restoulelsb@xplornet.ca