



Swarthmore Borough

Emergency Information Form Instructions

The attached form will allow you to provide information to Swarthmore Borough first responders to provide better service to members of our community. Providing this information is ***voluntary, no one is required to participate***. The information provided will be entered into the police department's secure incident database. It will only be used for emergency purposes. Information provided on this form will not be publicly disclosed. It may be shared with other emergency responders or providers as necessary.

To enter the information into the database we need your **name, date of birth, address, and contact phone number**. All other information is optional. You need only provide the information you are comfortable sharing.

The items shown on the form are requested information. You are not required to provide information other than that necessary to identify you and your location. Additional information may be provided and may be included in the blank rows or on the back of the form and/or additional pieces of paper. Additional information could include:

- Additional emergency contacts

- Name of medical insurance carrier, member number, policy number, group number, etc.

- Physician name, address, and phone number.

- Household nurse / attendant and contact information.

- Preferred hospital.

- Medical conditions, medications, allergies, or other lifesaving treatments you may require.

- Existence of a living will or power of attorney.

- Contact information for someone to care for pets in the house if necessary.

The form may be faxed to 610-543-7268, e-mailed Rstufflet@swarthmorepd.org, mailed to the police department or dropped off in a sealed envelope at the station:

Swarthmore Borough Police Department
121 Park Avenue
Swarthmore, PA 19081

Persons filing a form are asked to periodically review the information and notify the department of any changes or if the information no longer needs to be on file.

For more information please call 610-543-0123.



Swarthmore Borough

Emergency Information Form

Date: _____

Personal Information

First name	
Middle name	
Last name	
Gender	
Date of Birth	
Home address 1	
Home address 2	
Home phone	
Cellular phone	
Hidden Key or Alarm Info	
Driver's License/State ID #	
Vehicle Registration and State	
Make, Model, and Color of Vehicle	
Additional Info You Wish to Provide	

Medical Information

Primary Doctor's Name	
Address	
Phone number	
Blood type	
Medical conditions	
Allergies	
Current medications	

Emergency Information

Emergency contact's name	
Relationship	
Address	
Phone number(s)	

