

MERCARIK GPS/S	Safety Device Us	ser Information
	PERS/IMEI:	Caregiver User ID:
	Date Received:	Caregiver Password:

User First and Last Name	
User Email Address	
User Landline Number	
User Cell Phone Number	
User Gender	
Language	
Address	
Apt/Suite #	
City, State, Zip	
County	
Date of Birth	
Allergies	
Medical Conditions	
Prescription Medications	
Hidden Key or Lockbox Code/Location	
Nearest Cross Street	
Pets (number, type)	

Spec	cial Instructions					
Pref	erred Hospital					
User	would like to	receive tl	ne	listed alert	t(s)	the following way(s):
		Email		Cell Phone	5	
Low	Battery Alert					
Pow	er Off Alert					
Disp	atch Alert					
		<u>I</u>		<u>I</u>		
Case	Manager Info	rmation				
Case	e Manager Name					
Case	e Manager Email					
Case	Manager Phone	Number				
		PFRS	F	mergeno	CV	Contacts
In an e	emergency the response and. Contacts to be notified	center will call	all c	contacts who are F	Respo	onders until one is reached who can
Emerge	ency Contact #1					
First a	nd Last Name					
Landli	ne Number					
Cellph	one Number					
Email	Address					
Is this contact able to respond?			Ye	es No		
				1		
Emerg	ency Contact #1 would l	ike to receive t	he li	isted alert(s) in th	e fol	lowing way(s):
		Email		Cell Phone		
-	Low Battery Alert					

	Power Off Alert				
	Dispatch Alert				
					1
Emerg	ency Contact #2				
First a	and Last Name				
Landl	ine Number				
Cellph	none Number				
Email	Address				
Is this	contact able to respond?	?		Yes No	
Emerg	gency Contact #2 would li	ke to receive the li	sted alert(s)	in the fol	lowing way(s):
		Email	Cell Phone	!	
	Low Battery Alert				
	Power Off Alert				
	Dispatch Alert				
Emerg	ency Contact #3				
First a	and Last Name				
Landl	ine Number				
Cellph	none Number				
Email	Address				
Is this	contact able to respond?	?		Yes No	
Emerg	ency Contact #3 would li	ke to receive the li	sted alert(s)	in the fol	lowing way(s):
		Email	Cell Phone	!	
	Low Battery Alert				
	Power Off Alert				
	Dispatch Alert				

First and Last Name	
Landline Number	
Cellphone Number	
Email Address	
Is this contact able to respond?	Yes No

Emergency Contact #4 would like to receive the listed alert(s) in the following way(s):

	Email	Cell Phone
Low Battery Alert		
Power Off Alert		
Dispatch Alert		