



Greenville County Sheriff's Office Location Caution Information

Please take notice that in voluntarily completing and submitting this form, you are providing the Greenville County Sheriff's Office with sensitive personal information about yourself or a person for which you have the authority to provide the information. The purpose for submitting this information is to make the Sheriff's Office aware of certain conditions that a deputy who is responding to the location that you identify may need to know. This will allow deputies and first responders take special precautions for the safety and welfare of all who may be at that location at the time of response. The Sheriff's Office will keep this information confidential and only disclose the information as required for a response to the location or involving the person identified or as required by law or for judicial purposes. By completing this form you agree to the conditions set out above.

LOCATION: _____

Business Name or Resident's Name: _____

Reason for Caution:

Mental Disability

Alzheimer's

Physical Disability

Autism

Mental Illness

Attach or Insert
Picture Here

Specific identity of person the reason applies to: _____

Race: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Age: _____

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

Condition / Disability: _____

Medications: _____

Safety Considerations: _____

Vehicle and Tag Number: _____

Any additional information or comments: _____

I certify that I am the person listed above or their legally authorized representative. Please identify some unique form of picture identification that can be verified _____

This is so that the information can be verified by a deputy before use.

Print Name of Provider: _____ Contact number: _____

I understand that the disclosure of this information is voluntary and that by signing this I am authorizing the Sheriff's Office to maintain this record. By completing this Location Form, I understand that the information provided will be available to employees of the Sheriff's Office, Greenville County Emergency Medical Services, and other First Responders. In addition to the other releases granted by this document, I am authorized and do grant this release on behalf of the person that is the subject of this Location Form for all purposes of the Health Insurance Portability and Accountability Act of 1996 and authorize disclosure of any protected and individually identifiable health information provided herein.

Signature: _____ Date: _____