



Authorization for Disclosure of Personal Health/Educational Information

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing personal information to anyone without written permission.

Principal purpose of this form is to provide Fort Jackson (FJ) Directorate of Emergency Services (DES) access to use, and/or disclose an Exceptional Family Member's (EFM) protected health information in the case of elopement and/or emergency response. Information disclosed on the elopement alert form will be securely maintained at ACS EFMP and DES offices. Files will be maintained for three years from the date of initial submission, then destroyed. Revocation of this authorization should be done in writing and submitted to the FJ DES and ACS EFMP office.

Disclosure is voluntary. Failure to sign this authorization form will prevent disclosure of the protected health information as it relates to the Elopement Program.

Sponsor (Last, First, Middle Initial) _____

Sponsor Date of Birth _____

Unit/Organization _____

Home Address _____

Duty Phone _____

Home Phone _____ Cell Phone _____

Email Address _____

Exceptional Family Member(s) _____

EFM(s) Date of Birth _____

Diagnosis _____

By signing below, I authorize the disclosure of my EFM's personal health and/or educational information for the purpose of obtaining appropriate assistance from FJ DES in an emergency involving the EFM.

Printed Name _____

Relationship to EFM _____

Signature _____ Date _____



EFMP Exceptional Family Member Program

Elopement Alert Form

PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Name of Individual Completing Form _____

Date Form Submitted _____

Individual's Name _____
(First) (M.I.) (Last)

Address _____
(Street) (City) (State) Zip

Date of Birth _____ Age _____ Preferred Name _____

Diagnosis: _____



INDIVIDUAL'S PHYSICAL DESCRIPTION

_____ Male _____ Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

OTHER RELEVANT MEDICAL CONDITIONS (CHECK ALL THAT APPLY):

_____ No sense of danger _____ Blind _____ Deaf _____ Non-verbal _____ Intellectual disability
_____ Prone to seizures _____ Cognitive impairment _____ Other, including specific behavior challenges

If other, please explain: _____

Prescription medications needed and frequency: _____

Sensory or dietary issues, if any: _____

Additional information first responders may need: _____

EMERGENCY CONTACT INFORMATION

Name of emergency contact: _____

Emergency contact's address: _____
(Street) (City) (State) Zip

Emergency contact's phone numbers:

Home: _____ Work: _____ Cell phone: _____

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INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:

Atypical behaviors or characteristics of the Individual that may attract the attention of responders:

Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:

Method of preferred communication (If nonverbal: sign language, picture boards, written words, etc.):

Method of preferred communication II (If verbal: preferred words, sounds, songs, phrases they may respond to):

Identification information (i.e., Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

Tracking information (Does the individual have a tracking device?):

Other information that may be pertinent:

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Elopement Alert Form

Name of alternative emergency contact: _____ Home: _____

Work: _____ Cell phone: _____

INDIVIDUAL COMPLETING ELOPEMENT ALERT FORM

Print Full Name: _____

Signature: _____

Date Form Submitted: _____

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Elopement Alert Form

****Completed by Fort Jackson DES Employee Only****

Was the Authorization for Disclosure of Personal Health/Educational Information form completed and submitted by the parent/guardian? Yes / No

Employee's Full Name (Print): _____ Date _____