



LAKE COUNTY, FL | [LCSD.ORG](http://LCSD.ORG)  
360 W. RUBY ST. TAVARES, FL

**PEYTON C. GRINNELL, SHERIFF**

## **MEDICAL LOCKBOX PROGRAM**

### Information Sheet

**Name:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last Name) (First Name) (Middle Initial) Birth Date

**Home Address:** \_\_\_\_\_

**Telephone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

#### **Reason for Application:**

\_\_\_\_\_ I am 55 years of age or older and live alone or am alone on a frequent basis.

\_\_\_\_\_ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

#### **Describe Your Medical Condition: (see Vial Of Life)**

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **Emergency Contact Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Liability Release:

In consideration of my participation in the *Lock Box Program*, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Sheriff, the Lake County Sheriff's Office and its respective employees, officers, and attorneys from and against all claims, losses, damages, personal injuries (including but not limited to death), and liability (including reasonable attorney's fees), directly or indirectly arising from the undersigned's participation in the *Lock Box Program*. The undersigned acknowledges and agrees that the undersigned's participation in the *Lock Box Program* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree that the Lock Box Program is not intended in any way whatsoever to create or impose a special duty on the Sheriff, the Lake County Sheriff's Office and its respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

## Conditions:

Under the *Lock Box Program*, the undersigned hereby does knowingly and voluntarily agree to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, fire and police emergency personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible including forcible entry. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

**THE RESIDENT AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS INFORMATION SHEET THEN SUBMIT IT TO THE COMMUNITY SERVICES UNIT LOCATED AT THE LAKE SQUARE MALL ALONG WITH NON-REFUNDABLE PAYMENT IN THE AMOUNT OF \$10.00 MADE PAYABLE TO THE LAKE COUNTY SHERIFF'S OFFICE FOR THE COST OF THE LOCK BOX.**

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Name of Program Participant *(Please Print)*

\_\_\_\_\_  
Name of Program Participant *(Please Print)*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*PLEASE NOTE: If the Lock Box is no longer needed or the key to your home changes, please call the Program Coordinator at (352) 326-8108 so that the Lock Box can be removed or the key placed in the Lock Box can be changed. Thank you.*

Internal Use Only Entered into CAD    Date _____    Signature / ID _____
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