

CHARLESTON POLICE DEPARTMENT

SPECIAL NEEDS QUESTIONNAIRE

RELEASE WAIVER



I, _____ give permission to the Charleston Police Department to release any and all pertinent information, which may include protected health information, related to the care or well-being of _____ to the Charleston County Consolidated Dispatch Center. I realize this information may be released to other agencies via the communications center such as the Fire Department, Emergency Medical Services and other Law Enforcement Departments. This information is being provided for the purpose of providing first responders pertinent information for any potential emergency response.

Signature _____ Date _____