



## Premises Alert System Enrollment Form For Students Living on Campus

The Drexel Department of Public Safety is providing the Drexel community with information and enrollment assistance in the **Philadelphia Premises Alert System**.

Students who live within the city limits of Philadelphia and who have impairments or disabilities may wish to register with the Premises Alert System and Drexel CAD System to receive specialized care during emergencies. For example, students with autism, psychiatric disorders, physical disabilities, sensory impairments (hearing or vision), or other complex medical issues which require special handling of equipment may wish to register. Please complete this form as the "Head of Household" where indicated. The first responding officers will then have all the necessary information at their disposal to better assist those students during the emergency.

Once a student has completed the Premises Alert System registration form (attached), the form should be sent to the Department of Public Safety where designated staff will review and process the information. The student's on-campus address will be entered into the Drexel CAD System, so that all on-campus responders are made aware of the pertinent information during any emergency in that building. The appropriate staff of residence halls are also contacted and informed of the specific emergency-related needs of each of their residents. The Department of Public Safety will then send the Philadelphia Premises Alert System form to the Police Department of Philadelphia so the information can be entered into the city-wide system.

This information will be removed from our files periodically, therefore this form must be re-submitted by the student every year or whenever a change in residence is made to ensure that our files remain accurate.

*Please note: It is not required that students be registered with the Office of Disability Resources ("ODR") to access this service. However, should any student at the university wish to receive accommodations due to a disability, requests must be made to ODR. 215.895.1401 (Phone), 215.895.2299 (TTY), 215.895.1402 (Fax), [disability@drexel.edu](mailto:disability@drexel.edu)*

**Please return all forms to the Department of Public Safety, 3201 Arch Street, Suite 350. If you have any questions or concerns, please contact either of the individuals listed below.**

Maurizio DeLisi Director of Clery Compliance Department of Public Safety 215-895-0368 <a href="mailto:md594@drexel.edu">md594@drexel.edu</a>	Caneshia Bailey Director of Communications Department of Public Safety 215-895-0258 <a href="mailto:cts58@drexel.edu">cts58@drexel.edu</a>
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Name: _____
Email Address: _____
On-Campus Address: _____
My contract with University Housing expires on: _____



**3. Does any member of your household have a disability?**

(Fill in blanks and Circle all that apply)

Name

Age                      Date of Birth(month/day/year)

Race                      Gender                      Height                      Weight

Eye Color                      Hair Color                      Scars or Identifying Marks

CHECK ALL THAT APPLY:

Blind              Vision Impaired              Deaf              Hard of Hearing  
Communication              Intellectual/Developmental Disability  
Seizure              Mental Health              Autism              Physical Disability              Other:

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Name

Age                      Date of Birth(month/day/year)

Race                      Gender                      Height                      weight

Eye Color                      Hair Color                      Scars or Identifying Marks

CHECK ALL THAT APPLY:

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Communication              Intellectual/Developmental Disability  
Seizure              Mental Health              Autism              Physical Disability              Other:

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**4. Including you, how many adults and children live in your household?**

Adults                      Children

**5. Is the person likely to wander off?**    Yes                      No



6. Fill out the following about the person in question:

Any prescription medication or emergency medical treatment needed?

Favorite attraction or locations where they may be found:

Atypical behaviors or characteristics that may attract attention: Favorite

toys, objects, or discussion topics (likes, dislikes):

Approach, calming, or de-escalation techniques most likely to work:

Method of communication, if nonverbal, sign language, picture board, written words:

Identification information: Do they carry or wear identifying jewelry, tags, ID card, etc:

Sensory or dietary preferences or concerns (i.e. allergies or triggers):

7. Please use the space below to provide any additional information you feel that the Philadelphia Police or Fire Department should be aware of in order to more effectively respond to an emergency situation in your household. Is there a key holder to your property or someone to be notified in case of an emergency?

**IMPORTANT:** By signing this questionnaire, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Police and Fire Departments, through their 911 system and emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.

Signature

Head of Household

Date:

Head of Household

Date:

Please mail the completed form to:

Philadelphia Police Department  
Attn: Police Radio Training Communications Division, Room 212 Philadelphia,  
PA 19106

If you have any questions about this form, please call Police Radio Training at 215-685-3940 and 215-685-3941 215-686-3106 (TDD/TTY) or email [police.radio\\_training@phila.gov](mailto:police.radio_training@phila.gov)