



Project Lifesaver

Bringing loved ones home

For individuals with developmental disabilities who are at risk of wandering

Autism Pensacola, Inc., in partnership with Escambia Search and Rescue, is proud to offer Project Lifesaver. This program is available in both Escambia and Santa Rosa counties and is offered to those with a developmental disability, based on a prioritization of risk factors.



Who is qualified for Project Lifesaver?

- Anyone who has a diagnosed brain disorder.
- Anyone who has wandered away from a caregiver in the past.
- Anyone who has a caregiver 24 hours a day (i.e. Family Member, Family Friend, etc.).
- Participant will wear bracelet 24 hours a day.
- Caregiver must check the battery every day and keep a daily log.

FACTS ABOUT WANDERING

- ⇒ In an online survey conducted in 2007 by the National Autism Association, 92% of respondents reported that their child with autism was at risk for wandering
- ⇒ Tragically, children and adults with autism who wander are often attracted to water sources such as pools, ponds, or lakes, resulting in drowning as a leading cause of death for this population.
- ⇒ In addition, adults with autism who wander are often misunderstood by those who come in contact with them, resulting in unfortunate and preventable situations.

**If your child has a history of wandering,
please contact the office at
850-434-7171 or visit our website
www.autismpensacola.org.**



Autism Pensacola Project Lifesaver Preliminary Screening Form

Please print neatly.

Today's Date: _____

Parent's Name: _____

Residential Address: _____

Best Phone: _____

Best Email: _____

Child's Name: _____

Child's Date of Birth: _____

School: _____

Child's disability: _____

Check one:

- ☐ API Member
- ☐ Non API Member

How often does your child wander? (ex. daily, weekly, once a year) _____

Proximity to Danger --

Water hazard: (approximate distance in feet or miles) _____

Major roadway: (approximate distance in feet or miles) _____

(List name of roadway) _____

Other danger (describe): _____

Autism Pensacola (API) is a not-for-profit organization dedicated to improving lives of those affected by autism. Established in 2002, API works to support and educate parents and professionals regarding the diagnosis and treatment of people with autism. API offers educational sessions and materials, support groups, training programs, and fundraising opportunities to increase awareness of autism and to assist families and individuals living with autism. API serves both Escambia and Santa Rosa counties. For more information about the program, upcoming events, and opportunities for support, visit www.autismpensacola.org or call 850.434.7171.

Child's Name: _____

Describe your child and their wandering habits including number of times wandering has resulted in contacting law enforcement: (attach additional pages if needed)

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Escambia Search and Rescue
Project Lifesaver
9530 Nims Ln.
Pensacola, FL 32534
Ph. 850-474-1644



Personal Data Questionnaire

This form is designed for caregivers to provide, in advance, information that will be useful to Search Teams, should the need for a search arise. Providing this information will allow Escambia Search and Rescue to enter the client into a Project Lifesaver database and for search teams to do their jobs faster. **All information gathered will be held as CONFIDENTIAL, but during a search, may be shared with Law Enforcement, Search and Rescue, Fire, EMS, and other necessary agencies.**

Client Information:

First Name: _____ Middle Name: _____ Last Name: _____

DOB: __/__/__ Ht: _____ Wt: _____ Race: _____ Gender: M / F

Hair Color: _____ Skin Color: _____ Eye Color: _____

Nickname: _____

Photo needed for database: Provided? Y / N ☐ Digital? Or ☐ Paper? (Can be returned)

Medical Condition: _____

Medical Comments: _____

Address: _____

City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Map Book Page: _____ Map Book Grid: _____ GPS Position: _____

Residence Notes: _____

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Caregiver 1: First Name: _____ Last Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Notes: _____

Caregiver 2: First Name: _____ Last Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Notes: _____

Caregiver 3: First Name: _____ Last Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Notes: _____

This Section to be completed by Project Lifesaver Personnel

Client Member ID #: _____ Part #: _____ Serial #: _____

Transmitter Frequency: _____ Transmitter ID#: _____

Transmitter Channel: _____ Transmitter Type: _____

Battery Due Date: _____

Status Comment: _____

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API/Project Lifesaver Program Contract

When a client is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1. I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take fully responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.
2. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver device. Project Lifesaver equipment is designed to provide law enforcement and search and rescue personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the Project Lifesaver transmitter bracelet has been removed or is defective; I will call ESAR Project Lifesaver immediately.
4. When I notice that the Applicant enrolled has wandered off, I must immediately call 911 and the emergency number that is supplied by ESAR Project Lifesaver and report the Applicant as a missing person. Project Lifesaver teams will respond to search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. I understand that while Project Lifesaver is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Autism Pensacola, Escambia Search and Rescue, Project Lifesaver or any of its employees or volunteers, Provincial or city Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.

Initial Here: _____

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6. A monthly maintenance fee of up to \$30.00 shall be payable on the maintenance day each month, by pre-authorized check, or proof of payment by credit card, or cash. If this monthly payment is late, you may be required to return the bracelet to Autism Pensacola.
7. I understand that all information I have provided in this application may be shared among Search and Rescue, Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
8. I specifically waive any rights to confidentiality to the Applicant's medical information by Project Lifesaver International or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority to waive such rights.
9. I understand that Project Lifesaver is a program administered by Autism Pensacola and Escambia Search and Rescue jointly. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Project Lifesaver Program.
10. I understand that, unless purchased outright by the Applicant, the transmitter and tester remain the property of Autism Pensacola and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Autism Pensacola to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to Autism Pensacola. The cost to replace lost or damaged equipment is \$300.00. Caregiver Signature: _____
11. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify Project Lifesaver immediately if I discover the Applicant missing, or if I fail to notify Project Lifesaver if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All Autism Pensacola property will then be returned to Autism Pensacola, and I will return to the original security measures, which were in place prior to enrollment in Autism Pensacola Project Lifesaver, and without recourse to Autism Pensacola Project Lifesaver or Escambia Search and Rescue.

Applicant's Full Name (Please print): _____

Caregiver's Name (Please print): _____

Caregiver's Signature: _____ Date: _____

Witness Name (Please print): _____

Witness Signature: _____ Date: _____

For Project Lifesaver: _____

Affiliate Name: _____

Autism Pensacola Inc. form #4 Rev. API 10/08/2021



Project Lifesaver Cancellation/No Show Policy

Maintenance is vital to the success of this program. Each month, the battery in the Project Lifesaver device **MUST** be replaced. Because we want this program to be a blessing to you and not a burden, we have amended the fee structure to a Cancellation/No Show fee, beginning August 1, 2018.

Any Project Lifesaver participant who fails to show for the monthly battery change and has not contacted the Autism Pensacola office to cancel (at least 24 hours in advance) will be considered a “No Show” and charged a \$30.00 fee. This program will continue to operate on a sliding fee scale that will require you to turn in financial documentation in May of each year.

We understand there may be times when an unforeseen emergency or illness occurs where you may not be able to attend. If that happens, it is your responsibility to notify the office prior to the appointment AND reschedule an appointment with ESAR. If you experience extenuating circumstances please contact Shanan Chason, our Office Manager, at (850) 434-7171 who may be able to waive the No Show fee.

I have read and understand the Project Lifesaver Cancellation/No Show Policy and agree to its terms.

Participant Full Name (Please Print)

Date

Parent/Guardian Full Name (Please Print)

Parent/Guardian Signature

