

LIFE SUPPORT NOTIFICATION PROGRAM REGISTRATION FORM



DATE: _____ ACCOUNT NUMBER: _____

PATIENT'S NAME: _____
FIRST NAME MIDDLE INITIAL LAST NAME

SERVICE ADDRESS: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

HOME PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT: _____ PHONE: _____

I, _____, CONSENT TO THE RELEASE OF THE FOLLOWING INFORMATION TO TORONTO HYDRO-ELECTRIC SYSTEM LIMITED ("TORONTO HYDRO"), FOR THE PURPOSE OF ENABLING ME TO BE ENROLLED IN ITS LIFE SUPPORT NOTIFICATION PROGRAM. I HEREBY AUTHORIZE AND DIRECT MY PHYSICIAN TO COMPLETE THIS FORM FOR THIS PURPOSE.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY A LICENSED PHYSICIAN

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

PHYSICIAN ADDRESS: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

TYPE OF MEDICAL EQUIPMENT: _____

DOES EQUIPMENT HAVE BATTERY BACKUP? YES NO IF SO, FOR HOW LONG? _____

I CERTIFY THAT THE PERSON LISTED ABOVE USES LIFE SUPPORT EQUIPMENT REQUIRING AN ELECTRICAL CONNECTION.

PHYSICIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY CUSTOMER

IN THE EVENT THAT THERE IS A LENGTHY POWER OUTAGE, I AUTHORIZE TORONTO HYDRO TO RELEASE MY INFORMATION TO RELEVANT AGENCIES (E.G. POLICE, FIRE, COMMUNITY CARE ACCESS CENTRES, ETC.) TO ASSIST ME IN AN EMERGENCY SITUATION.

I ACCEPT THE CONDITIONS AND CERTIFY THAT THE DETAILS PROVIDED ARE CORRECT.

SIGNATURE: _____ DATE: _____

PLEASE FAX COMPLETED FORM TO: 416-542-3452
OR MAIL TO: Customer Care/Life Support Notification Program
Toronto Hydro-Electric System Limited
500 Commissioners Street
Toronto, ON M4M 3N7