LIFE SUPPORT REGISTRATION FORM

ITASCA-MANTRAP ELECTRIC COOPERATIVE

This form is to be completed by the member and the licensed medical personnel. Once enrolled, Itasca-Mantrap will flag your account with a medical alert. Placing your account on the medical alert list does not guarantee uninterrupted service. If the individual using life-sustaining equipment cannot be without power for any length of time, Itasca-Mantrap recommends developing alternate plans.

In the event of an unplanned outage, Itasca-Mantrap strongly urges you to have an emergency plan in place. Members with critical health issues should always be prepared with back-up plans in case of an outage. Itasca-Mantrap will attempt to notify you by phone prior to a planned outage.

Please notify Itasca-Mantrap if the person with the life-support equipment moves out of the Itasca-Mantrap territory, no longer needs the life-support equipment, or has passed away so we can keep our list current.

TO BE COMPLETED BY ITASCA-MANTRAP MEMBER

Name(s) as shown on electric bill:_____ Electric account number(s):_____

Address: _____City:_____State:____Zip:_____

Telephone:_____Email:_____

Name of patient:_____

Signature of member on account:_____Date:_____

(person dependent on electrical, life-sustaining equipment)

Battery Backup? Yes _____No_____ If yes, how long will the batteries last? _____

Is there a generator on-site for backup electricity? Yes _____No_____

TO BE COMPLETED BY CERTIFIED LICENSED MEDICAL PERSONNEL

Name of medical personnel: _____Clinic name: _____

Address: _____City: _____State: _____Zip: _____

Telephone: _____

I acknowledge that the patient listed above requires electrical life-sustaining equipment that is medically necessary to support the life of this patient.

Signature of medical personnel: _____Date: _____

Return completed form to Itasca-Mantrap, PO Box 192, Park Rapids, MN 56470 or FAX:218-732-5890

Note: A new registration form must be provided to Itasca-Mantrap on an annual basis.