



ROSCOMMON COUNTY CENTRAL DISPATCH



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DISASTER/EMERGENCY ASSISTANCE INFORMATION FORM

In the event of a disaster or emergency, some residents in the community may need special attention because of physical impairments or dependencies. Filling out the information below may help trained personnel in providing vital treatment and assistance during these times

Name of Person Needing Assistance _____
Address _____
Township _____ Date of Birth _____
Home Telephone Number _____ Cell Phone Number _____

TYPE OF ASSISTANCE REQUIRED

Impairment _____ Sight _____ Hearing _____ Speech _____ Mental _____

_____ Mobility Impaired - Use of _____ Wheelchair _____ Walker

_____ Confined to Bed - Location of bed in residence _____

_____ Electricity Dependent (Ventilator, BIPAP, External Heart Pump)

_____ Oxygen in Use

EVACUATION TRANSPORTATION NECESSITY

_____ Auto _____ Wheelchair _____ Wheelchair Lift Van _____ Ambulance

EMERGENCY CONTACTS

Name _____ Telephone _____

Address _____ Cell Phone _____

Name _____ Telephone _____

Address _____ Cell Phone _____

RELEASE OF INFORMATION

I hereby authorize Roscommon County Central Dispatch to release all or part of such information as may be necessary to ensure my safety, treatment and well-being in the event of a medical disaster or public emergency

Signature _____ Date _____