

Senior Emergency Information Form 2009
This Information may be shared with Police/Fire Departments
in the event of a disaster/emergency situation

First Name _____ Last Name _____

Signature _____ Date _____

Address _____

Phone Number _____ Cell # _____

Emergency Contact Person #1 _____

Phone Number _____ Cell# _____

Emergency Contact Person #2 _____

Phone Number _____ Cell# _____

Do you live alone? _____ If no, with whom do you live? _____

Do you drive? _____ Do you have pets? _____

Primary Care Doctor _____ Phone Number _____

Insulin _____ Oxygen _____

Other Medical/limitations _____

Do you need assistance to get out of your house? _____

Do you use a walker, wheel chair, cane? _____

Are you legally blind? _____ Do you have significant hearing loss? _____

Is your speech impaired? _____ Any cognitive impairments _____

If you needed to evacuate your home:

Stay with a friend or relative: _____ Go to a hotel: _____ Emergency Shelter _____

I have a file of life on my refrigerator _____ I would like one sent to me _____

This information will be kept on file at the Senior Center and the
Fire Station

Please print the form and return it to the Senior Center