

Medical Information (check all that apply)

Are you confined to your bed	___yes___no	Are you on oxygen	___yes___no
Are you on dialysis	___yes___no	Do you need transportation	___yes___no
Are you hard of hearing / deaf	___yes___no	if you needed to be evacuated	
Do you need assistance walking	___yes___no	Do you have a service animal	___yes___no
Do you use a wheelchair	___yes___no	Are you Ventilator dependant	___yes___no
Are you visually impaired / blind	___yes___no	Are you on life support	___yes___no
Do you use sign language	___yes___no	Are you speech impaired	___yes___no
Is there oxygen in your house	___yes___no	Portable oxygen tanks in house	___yes___no
Do you have seizures	___yes___no	Memory impaired	___yes___no
Mental Health Condition	___yes___no	Other (explain)	___yes___no

Explain any that have been checked above including listing any types of diagnosis, medications, etc. and any other information that you would like to provide that would aid 911.

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Last Name _____ First Name _____ Phone # _____

Alternate Emergency Contact

Last Name _____ First Name _____ Phone # _____

Primary Care Physician _____ Phone # _____

Home Health Care Agency Name _____ Phone # _____

Do you have any pets that in case of an emergency, they would need special attention and if so please explain _____ yes _____ no _____

Applicant Additional Comments _____

Who should be contacted for verification of information on this registration form?

_____ Caregiver _____ Other _____ Self _____

Who is filling out this registration form? (Relationship to registrant)

_____ Caregiver _____ Interpreter _____ Other _____ Self _____

By signing this form, I give my authorization for the information contained herein to be released to the Town of Brant Police Department, Fire Department and service providers for the purpose of providing emergency assistance. In addition, I give law enforcement personnel and responders permission to enter my home in case of an emergency.

Signature

Date

Witness (if possible)

Date