

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

Last name _____ First name _____

Address _____ D.O.B _____

Phone Number _____ Cell# _____

Emergency Contact Person #1 _____

Emergency Contact Person #2 _____

Phone # _____ Cell# _____

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

Do you drive? _____ Do you have pets? _____

Primary Care Physician _____ Phone Number _____

Do you use insulin? Yes ___ No ___

Are you on oxygen? Yes ___ No ___

Do you need assistance to get out of your house? Yes ___ No ___

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? _____

Please list any other medical issues or limitations that would be helpful for emergency personnel to be aware of: _____

If you need to evacuate your home would you:

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

Do you have a file of life? _____

Signature _____ Date _____

This information will be securely kept on file at the Senior Center

Adopted: 10/1/20205