

TOWN OF EDEN DISASTER PREPAREDNESS COMMITTEE

Emergency Response Form

Date: _____

Have you filled out a form before? yes no
Are there any changes? yes no

Name: _____ Male Female Age _____

Address: _____

Phone: _____

Doctor: _____ Phone: _____

Emergency contact (family or friend) _____

Description of Disability _____

HEALTH SPECIFICATIONS

MEDICAL HISTORY

YES NO

(check all that apply)

Do you have YES NO

DNR (do not resuscitate)
paper work?

Health Care Proxy YES NO

Confined to Home YES NO

Confined to Wheelchair YES NO

OXYGEN YES NO

Do you need attention YES NO

during a power loss?
(Oxygen, Dialysis, Life Support)

Cardiac

Hypertension

Stroke

Cancer

Diabetic

Asthma

Medications

Other comments or special needs?

Questions? Please Call 992-9211