

EMERGENCY EVACUATION SPECIAL ASSISTANCE FORM

UNIT NUMBER	TOTAL OCCUPANTS	TOTAL ANIMALS

MEDICAL TAG	EMERGENCY LOCK BOX ON ENTRY DOOR
<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • CODE

STATUS

<ul style="list-style-type: none"> • SENIOR 	<ul style="list-style-type: none"> • BLIND 	<ul style="list-style-type: none"> • BEDRIDDEN 	<ul style="list-style-type: none"> • HANDICAP 	<ul style="list-style-type: none"> • OTHER
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RESIDENT'S NAME	TELEPHONE #	EMERGENCY RESPONSE SYSTEM

MEDICAL CONCERNS

MEDICAL RESTRICTIONS	MEDICATIONS TAKEN
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •

LIMITATIONS

- AMBULATORY (ABLE TO MOVE AROUND)
- PARTIALLY AMBULATORY (LIMITATIONS)
- NON AMBULATORY (ASSISTANCE NEEDED)
- OTHER

EQUIPMENT REQUIRED

- OXYGEN
- WHEELCHAIR
- WALKER/CANE
- OTHER

EMERGENCY NOTES	OTHER OCCUPANTS	ANIMALS	TYPE	NAME
i.e. SOMETIMES GETS CONFUSED AND LOSES SENSE OF DIRECTIONS	<ul style="list-style-type: none"> • FAMILY • AID ASSISTANCE • OTHER 	<ul style="list-style-type: none"> • • • 		

EMERGENCY CONTACTS

RELATION	NAME	ADDRESS	EMAIL
			CELLULAR WORK #
			CELLULAR WORK #
			CELLULAR WORK #

SIGNATURE _____	DATE _____
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