



LAKE SHASTINA EMERGENCY RESPONSE SUPPORT FOR MEDICALLY FRAGILE INDIVIDUALS

If you would like to be signed up to receive additional assistance during emergency evacuations, please complete this form and return it to the Lake Shastina Police Department or enclose it with your LSCSD Billing Payment.

1. NAME _____ PHONE # _____

2. ADDRESS _____

3. DATE OF BIRTH _____ AGE _____

4. DO YOU HAVE ANY MEDICAL DISABILITY / CONDITIONS _____

5. YOUR LEVEL OF INDEPENDENCE _____

6. MEDICATIONS _____

7. PHYSICIAN'S NAME / PHONE _____

8. NEAREST EMERGENCY CONTACT AND PHONE _____

9. CONTACT #2 _____

10. DO YOU HAVE ANY HOUSEHOLD PETS OR A SERVICE ANIMAL _____

11. DO YOU HAVE A VEHICLE TO LEAVE IN, IN THE CASE OF EVACUATION _____

12. WHO CAN YOU RELY ON IF YOU NEED SHELTER _____

13. SOURCE OF HEATING / COOLING _____

14. ALARM SYSTEM / EMERGENCY KEY LOCATION _____

15. DRIVEWAY CONCERNS IN SNOW / ICY WEATHER _____

16. NOTES _____

SIGNATURE _____

DATE _____

RECEIVED BY _____

DATE _____