



EMERGENCY INFORMATION

DO YOU HAVE SPECIAL NEEDS THAT WOULD REQUIRE HELP IN AN EMERGENCY OR EVACUATION?

IF "YES", PLEASE FILL OUT THE FORM BELOW.

If you need assistance in case of a fire or emergency, including evacuation, and/or if you live alone, please complete and return this Emergency Information Form.

This form may be shared with the Ewing Township Fire Department to ensure there is up-to-date information to provide assistance, if needed, in the event of an emergency or evacuation. Should your needs change, provide an updated form to the Ewing Twp. Fire Department. This form should include information regarding necessary life supports and/or impairments that would impede self-evacuation from your home.

(THIS INFORMATION WILL BE KEPT CONFIDENTIAL)

Please return completed form to:

**Michele Anderson, Firefighter/EMT—Ewing Twp. Fire Dept.
1666 Pennington Road, Ewing, NJ 08618
609-882-9885 EXT. 2
manderson@ewingnj.org**

I may need assistance in the event of an emergency or evacuation. (PLEASE PRINT)

Name: _____

Street Address: _____

Apartment/Room Number: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

In the event of needing medical attention during an emergency or evacuation:

Date of Birth: _____

Height: _____

Weight: _____

Medical History:

Medications:

Allergies:

I may need assistance in an emergency or evacuation for the following reasons:

___ I am hearing impaired and need special attention to receive an alert.

___ I am in a wheelchair and need a wheelchair accessible ride for evacuation.

___ I am in a wheelchair and can transfer to a car, but I need a ride.

___ I am sight impaired and need assistance.

___ I am confined to bed, and can transfer to a wheelchair with assistance.

___ I am confined to bed, or am on life support, and need to be transferred by ambulance.

___ I am on oxygen and need a generator in case there is no power.

___ I live alone.

___ Number of dogs ___ Number of cats. ___ other/describe _____

Physician's Name: _____

Physician's Phone Number: _____

Veterinarian's Name: _____

Veterinarian's Phone Number: _____

Relative or other person we can notify to help you in the event of an emergency or evacuation.

Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relation to you: _____

Please use the reverse of this form to indicate other information that would be helpful to us.