

Special Medical Needs Registration Form



Brunswick County Emergency Services has developed a computerized registry of people with special medical needs who may require assistance in the event of an disaster. Please fill out the form below and either fax it to 910-754-8247, or mail it to Brunswick County Emergency Services, PO Box 249, Bolivia NC 28422. You may also fill out the online form at the Brunswick County Emergency Services website (WWW.Brunswickes.com)

Name _____ Date of Birth _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ E-Mail _____

Primary Caregiver _____ Caregiver Phone _____

Primary Physician _____ Physician Phone _____

Pharmacist _____ Pharmacist Location _____

House _____ Apartment _____ Mobile Home _____ Generator Yes _____ No _____

What is your primary evacuation plan?

1. Stay with family or others _____

2. Stay at home. _____ 3. Evacuate to a shelter _____ 4. Evacuate County _____

Do you have transportation to the shelter _____ If not what are your transportation needs?

Car _____ Van _____ Wheelchair Van _____ Ambulance _____

Ambulatory _____ Cane _____ Walker _____ Wheelchair _____ Bedridden _____

Hearing aid _____ Glasses _____ Speech Impaired _____ Contagious Disease _____

Life Support _____ Insulin _____ Dialysis _____ Oxygen _____

Feeding Tube _____ Wound Care _____ IV Fluids _____ Special Diet _____

Ventilator _____ Colostomy _____ Suction _____ Other _____

I Certify that the above information is correct. I understand that I am responsible for all expenses associated with medical evacuation and shelter at a medical facility. I hereby grant permission to Brunswick county Emergency Services to release information to other emergency response or human service agencies or officials. I also give law enforcement personnel permission to enter my home in case of an emergency.

Signature _____ Date _____