



Suwannee County Sheriff's Office  
Division of Emergency Management

Attention: Joyce Davis [joyce.davis@suwanneesheriff.com](mailto:joyce.davis@suwanneesheriff.com)

**SPECIAL NEEDS REGISTRATION FORM: (Please print clearly)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

911 Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B: \_\_\_\_\_  Mobile Home  Site Built  Camper/Other \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caretaker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Next of Kin): \_\_\_\_\_

Medical Diagnosis/Condition/Dietary Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can you walk unassisted? \_\_\_\_\_ If not, do you require -

Wheel Chair  Stretcher  Cane  Crutches  Walker  Other

If other please explain:

\_\_\_\_\_

**EMERGENCY PLAN**

Do you have transportation? \_\_\_\_\_ Do you have a family member or friend to transport you during an emergency/disaster? \_\_\_\_\_.

Where do you plan to go  Special Needs Shelter  Regular Shelter  Hospital  Other?

If other please explain:

\_\_\_\_\_

I preauthorize Emergency Personnel to enter my home to assure my safety during a Disaster Situation, I also consent for this information to be released to Emergency Management for Disaster Preparedness purposes only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_