



Suwannee County Sheriff's Office
Division of Emergency Management

Attention: Heather Henderson heather.henderson@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: _____