

THE GRAB AND GO EMERGENCY BOOK

For

Paste
Picture
Here

I communicate by:

_____ Speaking

_____ Using Sign Language

_____ Using a communication device

_____ Using Gestures

My Name

Date Prepared

**EMERGENCY PREPAREDNESS
For
PEOPLE WITH DISABILITIES
AND THEIR FAMILIES**

“The Grab and Go Emergency Book”



Service Coordination would like to thank The Arc of Frederick County for sharing their modification of the “Take and Go Emergency Book” originally created by people with disabilities in Louisiana and by the Office for Citizens with Developmental Disabilities, Louisiana Department of Health and Hospitals.

Name: _____

Date Prepared: _____

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email: _____

Date of Birth: _____ SS# _____

These are my family members:

Contact #'s:

Father: _____

Mother: _____

Spouse: _____

Brother(s): _____

Sister(s): _____

Grandparent(s): _____

Other Family: _____

These people are important to me/have agreed to help if my family is unavailable:

Name:

Contact Info:

1. _____

2. _____

3. _____

My History: _____

Name: _____ Date Prepared: _____

Medical Information

My emergency contact person is: _____

My insurance is: _____

Medicaid/Medicare #'s: _____

Primary Care Physician: _____

Address: _____

Phone: _____ Pager: _____

Hospital: _____

Secondary Care Physician: _____

Address: _____

Phone: _____ Pager: _____

Hospital: _____

I use Durable Medical Equipment: _____

Medical Equipment Brand/Where Purchased: _____

I use Life Support Equipment: _____

Life Support Equipment Brand/Where Purchased: _____

Name: _____ Date Prepared: _____

Health and Safety

Medical conditions I have/procedures I have had: _____

Medications: _____

Note: BRING PILL BOTTLES

Allergies: _____

Important things you need to know before you help me: _____

This is the type of diet (regular, diabetic, salt, restricted) that I am on and how my food is prepared (regular, chopped, pureed): _____

This is how I eat: _____

This is how I drink: _____

Name: _____ Date Prepared: _____

This is **how I take my medication**: _____

I do not receive any supports and services; these are the people who know me best:

These are the **programs that assist me**: _____

This is my **Service Coordinator's information**:

Service Coordinator's Name: _____

Address: _____

Phone Number: _____

Email: _____

Fax: _____

This is **where I go to school**: _____

Address: _____

Contact Numbers: _____

This is **where I work**: _____

Address: _____

Contact Numbers/fax: _____ Email: _____

This is **where I bank**: _____

Contact phone number and account types: _____

Name: _____

Date Prepared: _____

Likes and Dislikes

Things that I like (people, places, things, activities that create excitement, happiness and engagement): _____

This is how I show I'm happy: _____

Things that I do not like (people, places, things, and situations that cause upset, anger, sadness, and/or frustration): _____

This is how I show my anger: _____

If I'm scared, this is how I react: _____

When I am scared, I need you to: _____

Name: _____

Date Prepared: _____

I **communicate best when** (gesturing, speaking, behaving a certain way, using a communication device, using sign language): _____

I **understand best when** (shown, shown and told how, using hand over hand techniques, etc.): _____

I **need help with**: _____

What people need to know about me to **keep me healthy, safe, and happy**: _____
