



# MORROW COUNTY EMS SPECIAL NEEDS REGISTRY



This program is designed for those who have special physical or medical needs that may require special assistance in the event of a major emergency or disaster. In the event of an actual emergency, response agencies will attempt to provide the necessary assistance but because of significantly increased demands on government resources this cannot always be assured. To best guarantee personal safety, individuals should take the necessary advanced precautions and follow planning guidance issued by governmental agencies.

<b>PERSONAL INFORMATION</b> New Application: Update of Previous Application:			
Last Name:	First Name:	Date of Birth: MM/DD/YY	Sex: M F
Street Address:	City:	Zip Code:	Phone:
Mailing Address: (If Different)	City:	Zip Code:	Primary Language:
Name of Subdivision, MH, Park, Apt Bldg:	Residence Type:      Apartment      House      Mobile Home Living Situation:      Lives Alone      With Spouse      With Children With Parents      Other		
<b>MEDICAL INFORMATION</b> (Check & complete those that apply to your condition.)			
Bedridden	Stroke	Life Sustaining Medications	
Walker	Hearing Impaired	Colostomy or Ileostomy	
Unlisted Condition	Memory Impaired	G-Tube Feeder	
Cardiac History	Mental Health Impaired	Electricity Dependent	
Dialysis	Sight Impaired	Insulin Dependent	
Incontinent	Speech Impaired	Oxygen Dependent	
Seizures	Emergency Alert Equipment		



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(CONTINUED)

## MEDICAL INFORMATION

(Check & complete those that apply to your condition.)

(CONTINUED)

Medications (List):

Allergies (List):

Unlisted Condition (List & Describe):

## EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Physician:	Clinic:	Phone:
Pharmacy:		Phone:
Home Health Care Agency:		Phone:

## AUTHORIZATION

I agree that my protected health information and information be added to the Special Needs Registry in the MC911 Dispatching Software. I give Morrow County EMS authorization to share this information with other local support agencies in the event of a disaster or emergency. I also grant emergency response personnel permission to enter my home during search and rescue operations following a disaster or emergency, if necessary, to assure my safety and welfare.

Signature:

Date:

Legal Guardian (If Applicable):

Date:

If Printed, Return Form to: **Morrow County EMS - SNR**  
**140 S Main St**  
**Mt. Gilead, OH 43338**

Morrow County EMS: Phone: (419) 946-7976 Fax: (419) 946-6747  
www.mcems.net