

Registration for Anderson Emergency Preparedness
(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

TELEPHONE: _____

CONTACT PERSON: _____ TELEPHONE _____

RELATIONSHIP TO CONTACT PERSON: _____

PLEASE CHECK ALL THAT APPLIES:

WHEELCHAIR ___ BED RIDDEN ___ WALKER ___ DIALYSIS ___

BLIND ___ DEAF ___ USES SIGN LANGUAGE ___

MISSING LIMB ___ GUIDE DOG ___ OXYGEN ___

DIABETIC ___ EPILEPTIC ___ ON BLOOD THINNER ___
(IF CHECKED) INSULIN TYPE _____

SPEAKS FOREIGN LANGUAGE ___ UNDERSTANDS ENGLISH ___
LANGUAGE SPOKEN _____

PHYSICIAN _____

PHYSICIAN'S TELEPHONE _____

CRITICAL MEDICAL PROBLEMS:

Signature

Date

This information is confidential and will be only used for Emergency Preparedness

Mail registration to Emergency Preparedness, 213 S. Tower St., Anderson, SC 29624