

EMERGENCY PREPAREDNESS
for
PEOPLE WITH DISABILITIES
AND THEIR FAMILIES

“The Grab and Go Emergency Book”



Thurmont Police Department would like to thank and recognize citizens with disabilities and their family members in Louisiana who, along with the Office for Citizens with Developmental Disabilities, Louisiana Department of Health and Hospitals, created “The Take and Go Emergency Book”, from which this publication has been modified. We thank them for sharing their wisdom and experience.

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

NAME: _____ DATE PREPARED: _____

Medical Information

My emergency contact person is:

Name: _____
Relation: _____
Phone: _____
Address: _____

My insurance is: _____

Medicaid/Medicare #'s: _____

Primary Care Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Hospital: _____

Secondary Care Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Hospital: _____

I use Durable Medical Equipment: _____

Medical Equipment Brand/ Where Purchased: _____

I use Life Support Equipment: _____

Life Support Equipment Brand/Where Purchased: _____

I have the following conditions and have had these procedures:

NAME: _____

DATE PREPARED: _____

Health and Safety

Medical Conditions:

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: _____

This is how I take my medication: _____

NAME: _____ DATE PREPARED: _____

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 Support Services Agency: _____

Support Coordinator's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: _____

Email: _____ Fax: _____

This is where I go to school: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: _____

This is where I work: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Fax: _____

This is where I bank: _____

Contact Numbers: _____

These are my 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 that I am happy:

Things that I do not like (people, places, things, situations that cause anger, sadness 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:

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

NAME: _____

DATE PREPARED: _____

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

I need help with:

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