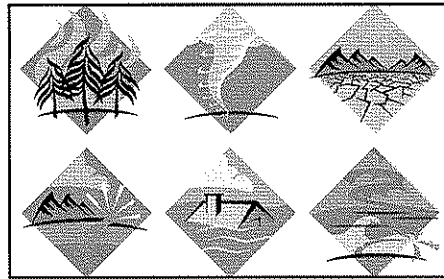


**EMERGENCY PREPAREDNESS
for
PEOPLE WITH DISABILITIES
AND THEIR FAMILIES**

"The Grab and Go Emergency Book"



The Arc of Frederick County 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 expertise.

**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: _____

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell Phone: _____ E-mail: _____

Date of Birth: _____ SS#: _____

These are my family members:

Contact #'s:

Father: _____

Mother: _____

Spouse: _____

Brother(s): _____

Sister(s): _____

Grandparent(s): _____

Other Family: _____

These are people that are important to me and have agreed to help me if my family is not available:

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: _____

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: _____

Contact Numbers: _____

E-mail: _____ Fax: _____ Cell: _____

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

Address: _____

Contact Numbers: _____

This is **where I Work:** _____

Contact: _____

Address: _____

Contact Numbers: _____

E-mail: _____ Fax: _____ (for each agency)

Web address & cell phone: _____

This is **where I Bank:** _____

Contact Number: _____

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 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: _____

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): _____

I **need help with**: _____
