

Westerly Police Department

Emergency Evacuation Form

Name: _____

Address: _____

D.O.B.: _____ TEL.: _____

Height: _____ Weight: _____

In event of evacuation how should entry be made to the home. _____

Is person bed ridden: Y / N

Can person talk: Y / N Language spoken: _____

Can Person walk: Y / N

Does person need assistance walking: Y / N

If yes what type, i.e. cane, walker. _____

Does person require a wheelchair: Y / N

If yes what type, i.e. motorized, manual. _____

Does the person require oxygen: Y / N

Other considerations. I.e. Does the person require dialysis? _____

Any other concerns: _____

Primary Physician: _____ Tel. _____

Emergency Contacts:

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

Medications that need to be transported with person during evacuation. _____
