EMERGENCY PREPAREDNESS for
PEOPLE WITH DISABILITIES
AND THEIR FAMILIES

"The Take and Go Emergency Book"

Developed by Individuals with Disabilities and Their Families
in collaboration with the
Office for Citizens with Developmental Disabilities

Issued: May 10, 2006
THE TAKE 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
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: Contact #s:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

My History:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Medical Information

My legal status is (circle one): Minor  Interdicted  Competent Major

Blood Type: ________________

Cautions for Emergency Medical Technicians: ________________________________

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: ______________

______________________________________________________________________

______________________________________________________________________
Health and Safety

Medical Conditions: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Medications: _________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Pharmacy and Prescription #s: _________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Note: Bring Pill Bottles

Allergies: _________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Important things you need to know before you help me: ____________________________
____________________________________________________________________________
____________________________________________________________________________

This is the type 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: ____________________________________________

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 Coordination Agency: _______________________________________

Support Coordinator’s Name: _________________________________________________

Address: __________________________________________________________________

Contact Numbers: ___________________________________________________________

E-mail: _______________ Fax: ____________ Cell Phone: _____________

This is my Provider Agency: _________________________________________________

My contact there is: _________________________________________________________

Address: __________________________________________________________________

Contact Numbers: ___________________________________________________________

E-mail: _______________ Fax: ____________ Cell Phone: _____________

This is where I go to School: _________________________________________________

Address: __________________________________________________________________

Contact Numbers: __________________________________________________________
I have this plan(s) (circle all that you have):  IEP  ITP  504


This is **where I Work**: ____________________________________________

Supervisor’s Name: _______________________________________________

Address: _______________________________________________________

Contact Numbers: ________________________________________________

E-mail: ___________________ Fax #:___________________ (For each agency)

Web address and cell phone: ______________________________________

This is **where I Bank**: __________________________________________

Contact Numbers: ________________________________________________
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:

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

Note: Booklet format developed by people with disabilities and family members in collaboration with the Office for Citizens with Developmental Disabilities (05/10/06).
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