

**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

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**My Name**

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**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:**

**Contact #s:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My History:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME:

DATE PREPARED:

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME:

DATE PREPARED:

**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:** \_\_\_\_\_

\_\_\_\_\_

NAME:

DATE PREPARED:

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: \_\_\_\_\_

NAME:

DATE PREPARED:

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

Physical Support Plan      Behavioral Support Plan      Nutritional Support Plan

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: \_\_\_\_\_

NAME:

DATE PREPARED:

**Likes and Dislikes**

**Things that I like** (people, places, things, activities that create excitement, happiness and engagement):

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This is **how I show I'm happy**: \_\_\_\_\_

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**Things that I do not like** (people, places, things, and situations that cause upset, anger, sadness, and/or frustration):

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This is **how I show my anger**: \_\_\_\_\_

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If I'm **scared, this is how I react**: \_\_\_\_\_

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When I am **scared, I need you to**: \_\_\_\_\_

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

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**NAME:**

**DATE PREPARED:**

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

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**I need help with:** \_\_\_\_\_

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

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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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