

**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

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):

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):

This public document was published at a total cost of \$544.01. Five hundred (500) copies of this public document were published in this first printing at a cost of \$544.01. The total cost of all printings of this document, including reprints, is \$544.01. This document was published by LSU Graphic Services' copy center, Paw Prints, South Stadium and CEBA Ln., Baton Rouge, LA 70803. To improve the response system for people with disabilities, emergency preparedness best practices guidelines were developed by individuals with disabilities and their families in collaboration with the Office for Citizens with Developmental Disabilities. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.