

**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):

NAME:

DATE PREPARED:

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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