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:**

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: ________________________________
NAME:  

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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