

# Emergency Plan

Consumer: \_\_\_\_\_ SS#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone living with the consumer?  YES  NO

If yes, who? \_\_\_\_\_

Does the consumer have pets?  YES  NO # \_\_\_\_\_ Names: \_\_\_\_\_

Does consumer have Vial of Life?  YES  NO

Does consumer have a Durable Power of Attorney?  YES  NO

Has consumer contacted 911 to verify address?  YES  NO

Has consumer contacted proper authorities for snow removal in case of emergency?  YES  NO

Has consumer contacted electric co. to inform them of life sustaining equipment?  YES  NO

Does consumer have a smoke detector?  YES  NO

Does consumer have a carbon monoxide detector?  YES  NO

Disabilities/Conditions/Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobility Equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evacuation Plan in case of FIRE or GAS LEAK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions in case of severe weather/tornado:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions in case of crime:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the consumer have a telephone in an easily accessible area?  YES  NO

I understand that this is the information that I have provided to NEILS staff. I also understand that I would inform NEILS if this information needs to be updated should my condition change under any circumstance. I do not hold NEILS responsible for any misinformation provided on this form.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date