



OFFICE OF EMERGENCY MANAGEMENT

Town of New Fairfield
4 Brush Hill Road
New Fairfield, Connecticut 06812

MEDICAL DISABILITY OR SPECIAL ASSISTANCE NOTIFICATION FORM

This form is used for citizens to alert Emergency Management and Emergency Response officials to your special assistance or medical disabilities. This form will be used to keep a database of residents who will need assistance during an emergency. This form is completely voluntary and the information contained in it will **NOT** be shared with anyone. Please return this form to the Communication Center, Bill Halstead, or to the Social Services Director, Cindy White, in a sealed envelope. For any questions, please call (203) 312-5719.

Name: _____ Phone Number: _____

Address: _____ D.O.B.: _____

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In the event of an emergency please call:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

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Medical History : _____

Allergies to Medications: _____

Medications: _____

Special Medical Equipment or Assistance: _____

Personal Doctor: _____ Phone: _____

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Any Instructions of Entering Your House (i.e, key under mat, neighbor has keys, etc.)

