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: 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:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
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: 

DATE PREPARED: 

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: 

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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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