



MORGAN COUNTY EMERGENCY MANAGEMENT COMMUNICATION DISTRICT

Special Needs Registry

Please describe important medical or disability information about yourself to assist First Responders, i.e. Police, Fire and EMS.

Name: _____

Date of Birth: _____ (month/day/year)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Do you require the use of a TDD? (Telecommunications Device for the Deaf)
Check YES ___ or NO ___

Please check any conditions that apply:

___ Blind/Partially Sighted ___ Deaf/Hard of Hearing ___ Using Oxygen

___ Heart Condition ___ Strokes ___ Seizures

___ Wheelchair User ___ Difficulty Speaking ___ Autism

Other _____

Emergency Contacts

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Any additional information that you would like to provide that would aid 911
