Help Us to Help You in an Emergency!

Town of Old Lyme Special Needs Registration Form

Name: ___________________________ Phone: ___________________________

Address: ___________________________

Emergency Contact Name: ___________________________ Phone: ___________

I may need assistance in case of an evacuation for the following reasons:

(Please Circle “YES” or “NO” for each response)

- Sight Impaired: YES NO
- Hearing Impaired: YES NO
- Confined to bed: YES NO
- Need a Wheel Chair Ride: YES NO
- Use TDD/TTY: YES NO
- Using Oxygen: YES NO
- Need a Ride for Evacuation: YES NO
- Using a Machine to Help You Breathe: YES NO

Any other medical equipment that needs electricity to keep you alive? YES NO

Description of equipment ________________________________________________

Service Animals: YES NO
Pets: YES NO
Type: DOG CAT OTHER

Number of Pets: ____________ Will the Pet be coming with you? YES NO

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