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: ____________________________________________________________________
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: ______________________________
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):

____________________________________________________________________

____________________________________________________________________

Page 7 of 8
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).
This public document was published at a total cost of $544.01. Five hundred (500) copies of this public document were published in this first printing at a cost of $544.01. The total cost of all printings of this document, including reprints, is $544.01. This document was published by LSU Graphic Services' copy center, Paw Prints, South Stadium and CEBA Ln., Baton Rouge, LA 70803. To improve the response system for people with disabilities, emergency preparedness best practices guidelines were developed by individuals with disabilities and their families in collaboration with the Office for Citizens with Developmental Disabilities. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.