



Henry County Emergency Management Agency Special Needs Link for people with Disabilities



In cooperation with your Henry County Emergency Services

EMERGENCY MEDICAL AUTHORIZATION FORM

I, _____ Custodial Parent/ Guardian of _____

Born on _____, Gender M / F

Who has a diagnosis of: _____ and IS or IS NOT confined
to a Wheelchair or Bed. (Circle one)

Please note other special information here

If more space is needed for information is needed please continue to write on the back of this form.

I do hereby give my consent to authorize the information provided herein be given to the 911 dispatch and coordinator of All Local Authorities based on the residence and phone number I have provided.

Residential Address: _____ Apt # _____ City: _____ IN, ZIP: _____

Residential Phone: (_____) _____ - _____ ***This is the phone number that the call will generate from to the 911 dispatch center***

(Additional disabled person(s) at this residence - See Back Page) Total # of Disabled _____

Preferred Hospital: _____ ER Phone: _____

If the parents/ guardian are unavailable, other relatives or persons to contact in emergency:

Name: _____ Relationship: _____

Address _____ Phone: _____

I, _____ agree to advise Henry County Emergency Management Agency of any changes of

residential address, phone number, or any changes regarding the above listed person(s). This information must be renewed annually.

Signature of Custodial parent/Guardian/Self: _____

Date: ____/____/____ (Must be 18 years or older)

Notice: Henry County Emergency Management Agency makes no guarantee regarding the completeness or accuracy of the information entered above. Information on the registration form is generated based on the information supplied by the user completing this registration. Any risk arising from the use of the information above remains with the user. The information will be turned over to the Local EMERGENCY SERVICES (i.e. law, fire, EMS). The user also understands that this information will be used for and during an emergency call and may be broadcast over radio and or scanner during such time of a emergency.

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Continuation of the Registration form

-Additional disabled person(s) at this residence or continue additional alert information below* *

NAME _____ Born on _____ Gender M / F
Who has a diagnosis of: _____ and IS or IS NOT confined
to a Wheelchair or Bed. *(Circle one)*
Please note other special information here

NAME _____ Born on _____ Gender M / F
Who has a diagnosis of: _____ and IS or IS NOT confined
to a Wheelchair or Bed. *(Circle one)*
Please note other special information here

NAME _____ Born on _____ Gender M / F
Who has a diagnosis of: _____ and IS or IS NOT confined
to a Wheelchair or Bed. *(Circle one)*
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NAME _____ Born on _____ Gender M / F
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