

ROSCOMMON COUNTY CENTRAL DISPATCH

101 SOUTH SECOND STREET, ROSCOMMON, MI 48653

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PATRICIA WILEY, 911 DIRECTOR

In the event of a disaster or emergency, some residents in the community may need special attention because of physical impairments or dependencies. Filling out the information below may help trained personnel in providing vital treatment and assistance during these times.

NAME OF PERSON NEEDING ASSISTANCE _____

ADDRESS _____

TOWNSHIP _____

PHONE NUMBER _____ CELL _____

TYPE OF ASSISTANCE REQUIRED

____ OXYGEN DEPENDENT _____ HEARING IMPAIRED
____ MENTAL IMPAIRMENT _____ CONFINED TO BED
____ VISION IMPAIRED
____ USE OF WHEELCHAIR _____ WALKER _____ CANE
____ ELECTRICITY DEPENDENT

EMERGENCY CONTACTS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

RELEASE OF INFORMATION

I hereby authorize Roscommon County Central Dispatch to release all or part of such information as may be necessary to ensure my safety, treatment and wellbeing in the event of a medical disaster or public emergency.

Signature _____ Date _____

Return completed form to: Roscommon County Dispatch, 500 Lake St, Roscommon, MI 48653