

EMERGENCY CONTACT INFORMATION:			
First Name:	Last Name:	Relationship:	Phone:
First Name:	Last Name:	Relationship:	Phone:
PHYSICIAN/PHARMACY INFORMATION:			
Physician's Last Name:		First Name:	Phone:
Pharmacy Name:			Phone:
SHELTER INFORMATION:		PET INFORMATION:	
<p>Will you provide your own transportation to the shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you need assistance with transportation, check one of the types of transportation you need:</p> <p><input type="checkbox"/> automobile</p> <p><input type="checkbox"/> van w/wheelchair lift</p> <p><input type="checkbox"/> stretcher</p>		<p>If pets will be accompanying you to the shelter, check the appropriate box and indicate how many.</p> <p><input type="checkbox"/> Cat _____</p> <p><input type="checkbox"/> Dog _____</p> <p><input type="checkbox"/> Guide Dog _____</p> <p><input type="checkbox"/> Other (Explain) _____</p>	
Name of person going with client to the shelter:			Phone:
COMMENTS:			
AUTHORIZATION INFORMATION:			
OPTIONAL: PREAUTHORIZATION TO ENTER HOME BY EMERGENCY PERSONNEL			
I authorize emergency response personnel to enter my home during search and rescue operations following a disaster, if necessary, to assure my safety and welfare.			
Authorized Signature:	_____		
I, (Print Name)	_____		
understand that all of my medical records are confidential, exempt from the public records law, and not to be disclosed to anyone without my consent or that of my guardian pursuant to section 455.241, Florida Statutes.			
I hereby provide my consent for the members of the Lake County Emergency Management Office to have access to the medical information contained in this form.			
I understand that this form is not a reservation for the Special Needs Shelter but that my medical information will be utilized to determine/assess plans appropriate for my care and treatment during an emergency.			
I further understand that only those persons who have a need to know this information, will have access to it. This release remains in effect until further notice unless revoked by me in writing.			
Authorized Signature:	_____	Date:	_____
Print Name of Person Completing This Form If Other Than Client:			Phone:

Mail form to: Lake County Emergency Management, 315 W. Main St., PO Box 7800, Tavares, FL 32778-7800 (352) 343-9420