



# Emergency Program Individual Requiring Assistance Profile Sheet

**Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Disability:**       Physical                       Mental Health                       Hearing/Vision Impaired

**Transportation**       Private                       Public                       Ambulance

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Emergency Contact Address:** \_\_\_\_\_

**Additional  
Requirements  
or Comments:**

I, \_\_\_\_\_, agree to release information about my mobility issues and  
(PRINT NAME) agree to have emergency services come into my home in  
case of emergency.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

This information collected will only be used in the event of Evacuation within the District of Mackenzie. This information will be kept confidential. Members of the District of Mackenzie Emergency Team will be granted access to this information in the event of an emergency.