

District of Mackenzie Emergency Program

Individual Require Assistance Profile Sheet

Name:	
Physical Address:	
Contact number:	
Disability:	<input type="checkbox"/> Physical <input type="checkbox"/> Mental Health <input type="checkbox"/> Hearing/Vision Impaired
Transportation:	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Ambulance
Emergency Contact Name:	
Emergency Contact Number:	
Emergency Contact Address:	
Additional Requirements or Comments:	

I, _____ agree to release information about my mobility issues and agree to have emergency services come into my home in case of emergency.

Signature: _____ Date: _____

The personal information you post may be collected by the District under s. 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of safe evacuation of those require additional assistance in Mackenzie. If you have any questions about the collection of your personal information, please contact Corporate Services at info@districtofmackenzie.ca. This information collected will only be used in the event of Evacuation within the District of Mackenzie. This information will be kept confidential. Only members of the District of Mackenzie Emergency Team will be granted access to this information in the event of an emergency.