

District of Mackenzie Evacuation Assistance Registration Form

SECTION 1: Personal Information

Full Name:	
Date of Birth (DD/MMM/YYYY)	
Physical Address:	
Phone Number:	
Email Address:	

SECTION 2: Assistance Requirements

Type of Residence:	<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Care Facility <input type="checkbox"/> Other: _____
Do you live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If No, who lives with you?</i>	
Do you have a support person or caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver Name:	
Caregiver Contact Number:	
Do you require transportation assistance during an evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, what type of assistance do you need?</i>	<input type="checkbox"/> Wheelchair Accessible Vehicle <input type="checkbox"/> Standard Vehicle <input type="checkbox"/> Ambulance/Medical Transport <input type="checkbox"/> Other: _____
Mobility/Medical Needs:	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Oxygen-dependent <input type="checkbox"/> Dementia/Cognitive Impairment <input type="checkbox"/> Dialysis <input type="checkbox"/> Medication-dependent <input type="checkbox"/> Other: _____
Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, what kind of pets do you have?</i>	
How many pets?	
Do you have carrier/way to transport your pets?	
Additional Requirements or Comments:	

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SECTION 3: Emergency Contacts

1.	Emergency Contact Name:	
	Address:	
	Phone Number:	
	Relationship	
2.	Emergency Contact Name:	
	Address:	
	Phone Number:	
	Relationship	

SECTION 4: Consent

I understand that the information provided in this form will be used only for emergency preparedness and response purposes by the District of Mackenzie and authorized emergency personnel. I consent to the use and sharing of this information for these purposes, and release information about my mobility issues, and agree to have emergency services come into my home in case of emergency. **If your Personal Information, Assistance Requirements, or Emergency Contacts change, please contact the Fire Department to ensure all information is current in the event of an 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.

INTERNAL USE ONLY

Registration Date: _____ Entered By: _____

Priority Level: ____ High ____ Moderate ____ Low

Comments/Notes:
