



**EMERGENCY MANAGEMENT  
BRADFORD COUNTY, FLORIDA  
945-B NORTH TEMPLE AVE, STARKE, FLORIDA \* (904) 966-6336**

EMERGENCY CONTACT: LAST NAME: \_\_\_\_\_, FIRST: \_\_\_\_\_.

PHONE1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_.

PHONE2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_.

OUT-OF-STATE CONTACT: LAST NAME: \_\_\_\_\_, FIRST: \_\_\_\_\_.

PHONE1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_.

PHONE2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_.

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_.

PHARMACY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_.

{ } ZONE NUMBER PRIORITY CODE: \_\_\_\_\_.  
{ } SPECIAL NEEDS REGISTERED (County Emergency Management Registry).  
{ } PREAUTHORIZED HOME ENTRY.

DISASTER PLAN: (Use 'X' to mark the disaster plan field) PETS: (give number of each)

- |  |               |
|--|---------------|
| 1. { } STAYING AT HOME   | { } CAT       |
| 2. { } TO ANY SHELTER  | { } DOG       |
| 3. { } TO SPECIAL NEEDS SHELTER  | { } GUIDE DOG |
| 4. { } TO OTHER (Family, Friend, Hotel, Hospital, Nursing Home, etc.). |               |

OTHER CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_.

5. { } NEEDS TRANSPORTATION FOR ITEM 2, 3, OR 4. If so, indicate type transportation needed: STANDARD VEH: \_\_\_\_ AMBULANCE: \_\_\_\_ LIFT GATE: \_\_\_\_.

Patient is: AMBULATORY \_\_\_\_ WHEELCHAIR \_\_\_\_ STRETCHER \_\_\_\_.

6. { } WILL YOU BRING A CAREGIVER TO THE SHELTER: YES \_\_\_\_ NO: \_\_\_\_.

COMMENTS: \_\_\_\_\_.

Report prepared by: \_\_\_\_\_.

**CODES**

**LIVING SITUATION**

- AL - Lives Alone
- WS - With Spouse
- WB - With Spouse and Children
- WC - With Child (ren)
- WP - With Parent (s)
- WO - With Other Relative
- WN - With Non-Relative
- GP - Group Quarters

**HANDICAP**

- B - Mobility
- D - Developmental
- E - Epilepsy
- H - Hearing
- M - Mental
- S - Speech
- V - Vision

I, the undersigned, give permission to release above information to the Emergency Management Office for assistance with evacuation in case of a Natural Disaster/Emergency. I, also, give the Bradford County Sheriff's Office permission to enter my home in case of an emergency.

Signature: \_\_\_\_\_ Date \_\_\_\_\_.

WITNESS: \_\_\_\_\_

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