



HURON COUNTY SPECIAL NEEDS REGISTRY



This program is designed for those who have special physical or medical needs that may require special assistance in the event of a major emergency or disaster. In the event of an actual emergency, response agencies will attempt to provide the necessary assistance but because of significantly increased demands on government resources this cannot always be assured. To best guarantee personal safety, individuals should take the necessary advanced precautions and follow planning guidance issued by governmental agencies.

PERSONAL INFORMATION New Application: Update of Previous Application:			
Last Name:	First Name:	Date of Birth: MM/DD/YY	Sex: M F
Street Address:	City:	Zip Code:	Phone:
Mailing Address: (If Different)	City:	Zip Code:	Primary Language:
Name of Subdivision, MH, Park, Apt Bldg:	Residence Type: Apartment House Mobile Home Living Situation: Lives Alone With Spouse With Children With Parents Other		
MEDICAL INFORMATION (Check & complete those that apply to your condition.)			
Autistic/Sensory Bedridden Cardiac History Dialysis Electricity Dependent Hearing Impaired Insulin Dependent	Intellectual Disability Life Sustaining Medications Memory Impaired Mental Health Impaired Oxygen Dependent Seizures Sight Impaired	Speech Impaired Stroke Walker/Wheelchair _____ _____ _____	



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(CONTINUED)

MEDICAL INFORMATION (Check & complete those that apply to your condition.)
(CONTINUED)

Medications (List):

Allergies (List):

Unlisted Condition (List & Describe):

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Physician:	Clinic:	Phone:
Pharmacy:		Phone:
Home Health Care Agency:		Phone:

AUTHORIZATION

I agree that my protected health information be added to the Special Needs Registry in the HC911 Dispatching Software. I give Huron County 9-1-1 authorization to share this information with other local support agencies in the event of a disaster or emergency. I also grant emergency response personnel permission to enter my home during search and rescue operations following a disaster or emergency, if necessary, to assure my safety and welfare. I hereby release and hold harmless Huron County and any first responders from and against any and all damages, losses, or costs (including reasonable attorney fees and defense costs) caused in whole or in part by your failure to provide correct or updated information relative to the Special Needs Registry.

Signature:

Date:

Legal Guardian (If Applicable):

Date:

Email Form to:
911@huroncounty-oh.gov

If Printed, Return Form to: Huron County 9-1-1
255 Shady Lane Drive #B
Norwalk, OH 44857

Please update your special needs information with the Huron County Special Registry annually. Failure to do so may result in the distribution of outdated or unknown information to first responders.