Re: Safe Seniors Program

Dear Friend,

During emergencies, senior citizens are usually at high risk. Isolation may endanger our older citizens, especially if they have been sick or recently discharged from the hospital. In order to prepare for any emergency that may occur, the Senior Center is compiling Emergency Information on all of the seniors in town. This information will be kept confidential and used only during an emergency. Your response is crucial for the town to make sure that you are safe during an extended power outage, flood, pandemic, or other hazardous event. Please return the form to the Council on Aging office in the self addressed stamped envelope. If you need any assistance filling out the following form, please call Karen Phillips, Director of the Senior Center, at 978-422-3032. Thank you for your cooperation.

Sincerely,

Clare B. Fisher
Chair, COA

PLEASE PRINT

NAME: ____

ADDRESS: ____

PHONE: ____ (TTY ___Yes ___ No)

BIRTHDAY: ____

SEX: ____ MALE ____FEMALE

IN HOUSEHOLD: ____________________________________

ARE YOU ON OXYGEN: ___YES ___NO ARE YOU ON DIALYSIS: ___ YES ___NO

MOBILITY STATUS:
______GET AROUND EASILY
______GET AROUND WITH DIFFICULTY
______USE A CANE
______USE A WALKER
______USE CRUTCHES
______USE WHEELCHAIR
______BEDRIDDEN

EMERGENCY CONTACT INFORMATION:

NAME: ____
ADDRESS: ____
PHONE: ____
RELATIONSHIP: ____

MEDICAL INFORMATION:

DOCTOR'S NAME: ____________________________________
DOCTOR'S ADDRESS: ____________________________________
DOCTOR'S PHONE: ____________________________________

PREFERRED HOSPITAL: _____________________________

MEDICAL CONDITIONS:

__ ALS
__ Angina
__ Anxiety
__ Arthritis
__ Asthma
__ Cancer
__ COPD
__ Congestive Heart Failure
__ Depression
__ Diabetes
__ Emphysema
__ Epilepsy
__ Eye problems
__ Hearing problems
__ Heart disease
__ Hepatitis
__ High cholesterol
__ Hypertension
__ Joint replacement
__ Kidney disease
__ Liver problems
__ Memory problems
__ Migraines/headaches
__ Neuropathy
__ Osteoporosis
__ Pacemaker
__ Panic attacks
__ Peripheral artery disease
__ Stroke
__ Other (please list)

_____ (initial)

continue on back

PRIMARY LANGUAGE: ________________________________

ALLERGIES:____
____

I hereby grant permission to release this information to other emergency response or human service agencies or officials.

I also give local law enforcement and/or medical personnel permission to enter my home in case of an emergency.

I certify that the above information is correct.

Signature of registrant or
authorized representative _____________________________________ Date ______________________