

Lackawanna County
Department of Emergency Services
Special Needs
Emergency Information

1. Effective Date	2. Expiration Date
3. Person completing this form	
4. Phone number of individual completing this form	
5. Address	
6. Floor	
7. Apartment Number	
8. Name of Individual with Special Need/Disability	
9. Age	
10. Type of special need/disability	
11. Is individual able to exit under their own power during an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If above answer is no, what type of assistance will be necessary	
13. Necessary Medications	
14. Location of Medications	
15. Emergency contact name/Telephone Number	
16. Hazardous items at this location; i.e., Oxygen, etc.	



Use back of page or additional sheet if necessary. Submit completed form to;
Lackawanna County Department of Emergency Services, 200 Adams Avenue, Scranton, PA 18503