

TOWN OF BETHANY, CT EMERGENCY SERVICES PROFILE

*Please add my information to the Bethany, CT Emergency Services Registry
to help me during times of emergency:*

Full Name: _____

Signature: _____

Date: _____

Address: _____

Telephone # _____

Cell Phone # _____

E-Mail: _____

Date of Birth: _____

Person to Contact in Case of Emergency:

Full Name: _____

Relationship: _____

Telephone # _____

Cell Phone# _____

Address: _____

E-Mail: _____

NOTES: I use a walker/wheelchair I use an assist animal I am unable to drive

I am vision impaired I am hearing impaired I use oxygen

I have a steep or difficult driveway/ramp that rescue workers should be aware of

I am allergic to _____

Other information you should know about a current condition _____

This information will not be shared with anyone other than Bethany Fire and Police Emergency Responders and the Human Services Office. Please mail this sheet to Human Services Director, Town of Bethany, 40 Peck Road, Bethany, CT or drop off in person or E-Mail to rglowa@bethany-ct.com.