

# 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](mailto:rglowa@bethany-ct.com).*