

Kittitas County Emergency Response Information for Persons with Special Needs

Name - _____ Age/DOB - _____

Address - _____

Location at address (for fire/rescue) - _____

Parent(s), Guardian, Emergency Contact - _____

Condition / Diagnosis - _____

Possible Behavioral Issue(s):

_____	_____
_____	_____
_____	_____

Strategies for Emergency Responders:

Medical Alerts/Information: _____

For Office use – when complete, forward this information to Kittcom.