



## Campbell County Public Safety Special Needs Information Form

Campbell County Department of Public Safety is dedicated to responding effectively to citizens' requests for emergency services. By providing officials with current information regarding any special needs, medical conditions, or mobility issues you or your family may have, you can aid in the process of receiving appropriate and timely response and care in the event of an emergency situation or local crisis.

Bear in mind that a separate form should be completed for any person in the household with special conditions or who require special care. This information will be stored in Campbell County's 911 database and conveyed to emergency responders should an incident occur at or near your home.

Citizens are reminded that it is the responsibility of each individual to take necessary preparedness measures to ensure his/her own safety, transportation, and basic needs are met on a daily basis; special needs information should be updated immediately in order to provide local officials with the most accurate details for meeting any specialized requests.

Please fill out the form below and submit via mail to: Campbell County Public Safety, P.O. Box 500, Rustburg, VA 24588; or submit to [publicsafety@campbellcountyva.gov](mailto:publicsafety@campbellcountyva.gov). Call (434) 332-9540, 283-9540, or 592-9540 with any questions.

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Complex/Apt.# \_\_\_\_\_  
 Building/Floor \_\_\_\_\_ Elevator (Y/N) \_\_\_\_\_ Mobile Home (Y/N) \_\_\_\_\_ # of occupants \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ TDD# \_\_\_\_\_ Email \_\_\_\_\_  
 Primary Care Physician \_\_\_\_\_ Physician's Number \_\_\_\_\_

**Please check any that apply:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Hearing Impaired                  | <input type="checkbox"/> Ventilator Dependent                  | <input type="checkbox"/> Needs TDD              | <input type="checkbox"/> Does Not Speak English |
| <input type="checkbox"/> Mental Illness                    | <input type="checkbox"/> Difficulty Communicating              | <input type="checkbox"/> Needs Interpreter      | <input type="checkbox"/> Has Pacemaker          |
| <input type="checkbox"/> Visually Impaired                 | <input type="checkbox"/> Sight Assisting Pet                   | <input type="checkbox"/> Electrically Dependent | <input type="checkbox"/> Diabetic               |
| <input type="checkbox"/> Oxygen Required)<br>(at _____lpm) | <input type="checkbox"/> IV Therapy                            | <input type="checkbox"/> Uses Catheters/Drains  | <input type="checkbox"/> Uses Prosthetic Limb   |
| <input type="checkbox"/> Bedridden                         | <input type="checkbox"/> Special Medic Alert—Type _____        |   |   |
| <input type="checkbox"/> Walks w/Assistance                | <input type="checkbox"/> Alarm System—Company Phone _____      |   |   |
| <input type="checkbox"/> Wheel Chair Bound                 | <input type="checkbox"/> Home Health Care Agency Contact _____ |   |   |
| <input type="checkbox"/> May Be Lifted                     | <input type="checkbox"/> Allergies; Allergic to _____          |   |   |

(continued)



Please list any special medical problems or disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your primary and secondary emergency medical contacts:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

I am usually treated at \_\_\_\_\_ hospital;  
I see Dr(s). \_\_\_\_\_ for my special needs condition(s).

I currently take the following medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that Campbell County Public Safety has my permission to obtain and submit this information within the 911 Computer Aided Dispatch System (CADS), and likewise has my consent to relay the information contained within via two-way radio, phone, or other means to any first responders, emergency personnel, or fire/EMS teams attending to my needs or my request for public safety services.

**Disclaimer:** This information will only be used for police, fire, or rescue service purposes and will not be disseminated to other agencies or organizations. However, this does not take the place of any individual's responsibility to plan and prepare for transportation and/or sheltering in the case of an emergency.

\_\_\_\_\_  
Date Printed Name Signature

\_\_\_\_\_  
Date Guardian's Printed Name Guardian Signature

