

CARLE PLACE FIRE DEPARTMENT

RESIDENT(S) WITH SPECIAL NEEDS PRE-(INCIDENT) - PLAN REPORT

(Check One)

- New Report
 Update Report

Please complete 1 Report for Each Person in Residence with a special need, listing their necessary information.

Date of Report

Address:

Cross Streets:

 &

Name of Person with Special Need :

Date of Birth

 / /

Telephone Number

 ()

Condition which requires Special Need(s):

Location of Bedroom:

- Basement Ground Floor 2nd Floor 3rd Floor

Location most commonly occupied in Residence:

- Basement Ground Floor 2nd Floor 3rd Floor

Location where Current medications can be found:

Location Medical History/Allergy list can be found:

Name of Emergency Contact (1):

Relationship

Telephone Number

 ()

Name of Emergency Contact (2):

Relationship

Telephone Number

 ()

Name of Medical Proxy - (if Applicable):

Relationship

Telephone Number

 ()

Do you have a Vial of Life?

- YES NO

Location of Vial of Life

Date Prepared:

 / /

Do you have a DNR Order?

- YES NO

Location of that DNR within Residence

Issued Date:

 / /

Is the Oxygen in Use at Residence?

- YES NO

Location(s) of Oxygen Tank(s)

- Basement Ground Floor 2nd Floor 3rd Floor

Hospital you would like to be transported to:
(if situation allows)

- WINTHROP (MINEOLA) N.U.M.C. (EAST MEADOW)

Additional Data/Comments:

***RETURN TO: CPF D PRE-PLAN COMMITTEE
PO BOX 22 CARLE PLACE, NY 11514-0022***

Let us assure you that the data collected will be entered into our secure fire tracking system and will only become immediately available to responding members when you call for assistance. Once the call for assistance is completed, the screens providing the data to the arriving units will go blank. The only people that will have access to your data outside of an alarm are the selected members with the privilege to enter data and keep the data in the system up to date.