

# TOWNSHIP OF WYCKOFF SURVEY

## Individuals with Special Health Needs

Please help us help you by completing the survey below which can be returned via mail to the Wyckoff Police Department, 340 Franklin Avenue, Wyckoff NJ 07481 or by delivering the completed survey at Police Headquarters.

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NAME: \_\_\_\_\_ / \_\_\_\_\_  
PLEASE PRINT PHONE NUMBER (for follow up)

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ / \_\_\_\_\_  
PLEASE PRINT NAME PHONE NUMBER

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### MEDICAL INFORMATION:

\_\_\_ Persons requiring oxygen \_\_\_ O<sub>2</sub> extractor \_\_\_ tanks other \_\_\_\_\_

\_\_\_ Persons with limited mobility \_\_\_ wheelchair \_\_\_ walker \_\_\_ confined to bed

\_\_\_ Persons with intravenous line \_\_\_ Alzheimer's patient(s)

Other special medical conditions: \_\_\_\_\_

\_\_\_\_\_

### DEVELOPMENTAL:

\_\_\_ Austic \_\_\_ Cognitively Challenged

Other (please describe condition): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The undersigned agrees that the above information may be disclosed to personnel of the Township of Wyckoff Police Department, to the Wyckoff Volunteer Fire Department and the Wyckoff Volunteer Ambulance Corps. Such information shall be kept confidential and will be properly protected and will only be made available, as necessary, to emergency service personnel.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell phone