

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 ___ O₂ 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:

___ Autistic ___ 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