



**Medical Qualifying Conditions: (Explain your medical condition below in detail)**

---

---

---

**List Your Medications (Attach additional sheet if necessary):**

Rx Name	Dosage	How Often	Rx Name	Dosage	How Often

**IMPORTANT NOTICE AND STATEMENT OF UNDERSTANDING**

The information contained herein is true and correct to the best of my knowledge. I have read and understand the information on this form as well as the attached Evacuation and Special Needs Sheltering Information sheet.

**I understand that:**

- Emergency shelters are made available to provide protection during the immediate danger.
- You will need to provide **your own** cane, walker, wheelchair or scooter, medicines, oxygen tanks and supplies, special diet foods, and for any service animals (pet bowls, pet carrier, and pet food)

**I will need to make alternative arrangements in the event that I am unable to return to my home after the storm.**

- I will be responsible for any charges and costs associated with hospitalization or other medical facility including care and medical transportation, if it is determined that I am beyond the level of care that the shelter can provide.
- ***TRANSPORTATION: I may be ordered or recommended to evacuate my residence. All attempts will be made to give advance notice by phone, of the date and time to expect to be picked up for transport to a shelter. Monitor government TV and local TV stations for updated hurricane information. IF I DECLINE TRANSPORTATION when the transporter arrives, I will be required to sign a "Refusal Form". I understand that upon declining transportation, I may not have another opportunity to request this service.***

I grant permission to health care providers, transportation agencies, and others as necessary to provide care, and to disclose any information that is necessary to respond to my needs.

Note: **This form must be signed.** In accordance with Florida Administrative Code, Rule Chapter 64-3, registration is for persons who have a physical, mental or sensory disability and require assistance during an emergency.

For entry into my home by responders during an emergency: I  give permission  do not give permission.

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