Oakdale Emergency Services
(724) 693-9639

6115 Noblestown Road
Oakdale, PA 15071

This Information will be confidential but is necessary for the Emergency Management Team to be able to assist you in case of an emergency.

Name_____ _____
First Last

Address_____

Main Phone Number_____ Secondary #_____

Person to contact in case of emergency_____

Contact's Phone #_____ Relationship_____

Contact's Address_____

Do you use any of the following: Please circle

Walker Cane Wheel Chair Confined to bed Oxygen

Any other medical equipment_____

Please list any special circumstances or conditions that may hamper evacuation.
Examples: autism, blind, hard of hearing, handicapped

Please list any major medical alerts or conditions that we may need to know:
Examples: Heart condition, diabetes, lung condition, other. Please describe:

Please list any pets of which the emergency team should be aware:

Comments:

Please return completed form with your water bill, thank you.