

Voluntary Emergency Registry – Release Form

The information contained herein is true and correct to the best of my knowledge. I understand that assistance will be provided only for the duration of the emergency, and that alternative arrangements should be made in advance in case I am not able to return to my home. _____ (Initial)

I understand, based on the information I have provided, that I may or may not be assigned to a special needs shelter based on the criteria stated in the information provided. _____ (Initial)

I understand that I am responsible for assisting in the provision of any prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require during an emergency. _____ (Initial)

I also understand that I will be responsible for any charges and costs associated with hospital and other medical facility care or medical transportation. _____ (Initial)

I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. _____ (Initial)

I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue. _____ (Initial)

I understand my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes and hereby request registration in the Los Alamos County Voluntary Emergency Registry program. _____ (Initial)

I understand the limitation on the services and level of care that may be available during a disaster. By registering in the “Voluntary Emergency Registry”, I understand that there is no guarantee of additional assistance during an emergency. However, I understand that the county is aware of my circumstances and will make an effort if the circumstances permit, to attend to my needs. _____ (Initial)

Registrant Signature: _____ Date: _____

Caregiver: _____ Date: _____

(If registrant is unable to sign)

Relationship to Registrant (if any): _____

Please mail or drop off the completed form to:
Los Alamos County – Office of Emergency Management
2500 Trinity Drive
Los Alamos, NM 87544