

Do you use medical equipment that requires daily gas or electricity and is essential to your survival ?

Yes No

If Yes, Please list these items:

- Ventilator
- IV Pump
- Dialysis Treatment
- Hoyer Lift
- Medication / Infusion Equipment
- Heating / Cooling Equipment
- Other

Do you have a service animal?

Yes No

Please check all of the following which describe your needs:

- Sign Language
- Large Print
- Ventilator Dependent
- Personal care attendant required to meet activity of daily living
- Other: _____
- Hearing Aid
- Braille Only
- Oxygen Dependent

Do you have allergic reactions to medications ?

Yes No

If Yes, please list all medications that you are allergic:

I understand that I grant permission to the Thomasville Fire Department to disclose my personal information to emergency responders and other responding agencies. I understand that the information provided to the 9-1-1 registry is to be used to provide specific information to medical professionals and response teams. I understand that Thomasville Fire Department may provide me with assistance within its capabilities but does not imply or guarantee that assistance may be available.

Applicant Signature _____

Date _____

Feel free to include with your water bill to be added.

Tear Here and returned to Thomasville Fire to be added to the registry



CITY OF THOMASVILLE PRESENTS:

OFFICIAL GUIDE TO EMERGENCIES AND DISASTERS



Prepared by:

THOMASVILLE FIRE DEPARTMENT



Organization

Thomasville Fire Department #21

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Register for Emergency Alerts!

Sign up to receive emergency alerts & community information from the Thomasville Fire Department



It's simple, trusted, & no cost. Receive up to the minute updates from the Thomasville Fire Department by email and cell phone. Stay instantly informed of trusted, neighborhood public safety and community information.

To subscribe, text 27360 to 888777

Visit our website at:
<http://thomasville-nc.gov/index.php?p=fire>

You can receive messages such as:

- Fire / Police activity
- Important emergency advisories
- Road closures
- Severe weather
- Community events
- Crime alerts/missing persons/wanted suspects

Have an Emergency Kit!

Basic Disaster Supplies Kit

A basic emergency supply kit could include the following recommended items:

- [Water](#), one gallon of water per person per day for at least three days, for drinking and sanitation
- [Food](#), at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask to help filter contaminated air and plastic sheeting and duct tape to [shelter-in-place](#)
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to [turn off utilities](#)
- Manual can opener for food
- [Prescription medications](#) and glasses
- Cell phone with chargers, inverter or solar charger

Disability Registry Form

The City of Thomasville Registry program allows people with disabilities and senior citizens to provide information about their health and medical needs to the City. This information is used for the purpose of providing effective and fast emergency services. This program is FREE and VOLUNTARY.

Do you have a disability?

- Mobility Disability Blind / Visual Disability
 Deaf / Hard of Hearing Cognitive Disability
 Mental Health Other Disability

Comments: Please see back

To have a member contact you directly, feel free to return this contact request form and someone will contact you shortly.

Name

Address

Phone

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