



Caledon Fire & Emergency Services Emergency Response - Vulnerable Persons Registry Form

Caledon Fire & Emergency Services offers special assistance to residents with disabilities when an emergency occurs.

Should you or a resident in your household require special assistance and would like to have your name and address placed on our Registry, please complete this form and return it to us. This will ensure in the event of an emergency situation, the respondents are better equipped to assist you.

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of Fire & Emergency Services. Questions about this collection should be forwarded to the Municipal Freedom of Information Co-ordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905-584-2272.

I consent to the release of my personal information for the purposes indicated above.

To ensure the continued success of this program, remember to:

1. Update annually as the list is retained for a period of one (1) year from the date received.
2. Notify Fire & Emergency Services if the individual requiring the special care no longer resides at the location on record.

Should you have further questions regarding this service, contact our Fire & Emergency Services Department at 905.584.2272 ext. 4303.

Completed Forms can be mailed or dropped off to: Fire & Emergency Services
6211 Old Church Road
Caledon, ON L7C 1J7

| | | |
|---|---------------|---|
| | Date of Birth | Gender |
| | dd mm yyyy | |
| Name(s) of individual requiring special assistance: (1) | | <input type="checkbox"/> M <input type="checkbox"/> F |
| (2) | | <input type="checkbox"/> M <input type="checkbox"/> F |
| (3) | | <input type="checkbox"/> M <input type="checkbox"/> F |

Address where resident(s) requiring special assistance reside:

Street No.: _____ Street Name: _____

Postal Code: _____

Telephone Contact: (Home): _____
(Work): _____
(Email): _____

Reason(s) for Special Assistance:

- Mobility Limitations – please describe:
- Required Wheelchair – please describe:
- Heart Problems – please describe:
- Hearing Impairment – please describe:
- Visual Impairment – please describe:
- Oxygen in Use – please describe:
- Other:

Additional information that may be of use during an emergency response:

In case of an Emergency, who can we contact:

Name: _____
Telephone Contact: (Home): _____
(Work): _____

This form can be made available in an alternate format, upon request. Contact the Town at 905-584-2272 ext. 2366 to make a request.

For Office Use Only

Date Received: _____ Expiry Date: _____



6311 Old Church Road
Caledon, ON L7C 1J6
www.caledon.ca

T. 905-584-2272 | 1.888.225.3366 | F. 905.584.4325