



# Operation Rescue

**Mail Form to:**  
Fire Department Headquarters  
1375 Munford Ave  
Munford, Tennessee 38058  
901-837-5960  
901-837-5962 Fax  
*Alan Barkclew, Chief*

Using the space below, draw a basic floor plan of your residence

**PLEASE PRINT ALL INFORMATION**

Head of Household \_\_\_\_\_

911 Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Disabled: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Describe Disability: \_\_\_\_\_  
\_\_\_\_\_

**Please Mark All Applicable Situations**

Elderly/Medically Fragile   
Blind   
Non-Verbal   
Hearing Impaired

Communication Device User   
Oxygen on Site   
Alzheimer's   
Behavioral Problems

Mobility  
Walker   
Crutches   
Wheel Chair   
Bed Ridden

List Life Support Equipment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other vital information including medical allergies: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Submitted by: \_\_\_\_\_

### Primary Doctor Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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