DDS Information

DDS has asked us to contact each of our families to ensure that we have information from you in our files as to our guests’ abilities to evacuate in an emergency situation. Please respond regarding this matter.

Name of guest: __________________________

The above-named individual: (Please check which apply.)

_____ is able to leave a dangerous situation on his/her own
_____ is able to understand and follow staff’s directive to evacuate
_____ needs staff’s encouragement to leave.
_____ needs staff’s physical assistance to leave building
_____ does not understand well and should be taken by the arm

Other comments? __________________________________________________________

Signed: __________________________ Dated: __________________________

Relationship to guest: __________________________