



British Columbia Ambulance Service

NAME _____ ADDRESS _____

ENTRY CODE/LOCK BOX/HIDDEN KEY OR KEY HOLDER _____

SPECIAL ACCESS INFORMATION _____

CONTACT NUMBER _____ ALTERNATE CONTACT _____

EMAIL ADDRESS _____

PLEASE CHECK THE BOX(ES) THAT APPLIES TO YOUR LIMITATIONS:



COMMUNICATION
Limited or no ability to speak, read or understand English
Reduced or no ability to speak, see or hear
Limitations in learning and understanding



INDEPENDENCE
Mobility Aids
Communications Aids
Service Animals
Medications
Activities of daily living



MEDICAL
Operating power dependent equipment to sustain life
Managing medications, IV therapy, tube feeds
Dialysis, oxygen, suction
Managing wounds, catheters, ostomies
Managing chronic, terminal and/or contagious health conditions



SUPERVISION
Dementia, Alzheimer's
Depression
Intense Anxiety
Brain Injury
Developmental disabilities
Severe mental illness



Transportation
Cannot drive due to the following:
Disability
Age
Temporary Injury
Poverty
Addiction
No access to vehicle

PLEASE EMAIL THE COMPLETED FORM TO BCASDISPATCH.OPERATIONS@GOV.BC.CA OR FAX TO 604.215.2732.