

Shipyard Property Owners' Association



Medical Assistance For Evacuation

Data Form

To adequately provide assistance to those who require special medical attention or are in need of transportation off the island in the event of a natural disaster, please provide the following information.

Last Name	First Name	Middle
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Shipyard Plantation Address

Telephone

Email

Alternate Phone

Do you require a wheelchair? _____

Are you presently under the care of a physician? _____

Physician's name: _____ Phone _____

Do you require oxygen or special equipment? _____

If "yes" please explain _____

Name of next of kin, (optional) _____

Next of kin phone _____

Email _____

The above information is required to determine the type of assistance you may require and the best means of providing you with special medical attention.

Please return this form via email to: communications@shipyardhhi.com

Mail to: Shipyard POA

10 Shipyard Drive

Hilton Head Island, SC 29928

Deliver to : The Welcome Center or the Visitors' Pass Lane