

# 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**

\_\_\_\_\_

**Shipyard 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](mailto: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