

A Simple & Vital Action

According to the Activity Report on fires registered in 2012, produced by the Ministry of Public Security, individuals with a specific permanent or temporary condition (e.g. motor, visual, intellectual, or hearing disability) represent 15% of the population but 39% of fire victims (deaths).

So a new service was developed in order to help Emergency Services in their interactions. Citizens can now identify any person living with a handicap.

In an emergency situation, this information will allow the 911 Centre to inform specialized group workers (ambulance, police and fire) about the presence of individuals with a specific condition.

They will then provide a more suitable support to these personal conditions and will be able to act more efficiently.

Register now

Please note that the collected data will remain confidential.

We invite you to complete the form on the back.

This initiative is part of municipal policies and represents a step forward towards the safety and protection of citizens.

For additional information and to receive your sticker to apply on your door, on a voluntary basis, we invite you to contact your municipality.

NOTRE TERRITOIRE
NOTRE AVENIR
**MRC DES
LAURENTIDES**

AMHERST | ARUNDEL | BARKMERE | BRÉBEUF | HUBERDEAU | IVRY-SUR-LE-LAC | LABELLE
LA CONCEPTION | LAC-SUPÉRIEUR | LAC-TREMBLANT-NORD | LA MINERVE | LANTIER | MONTCALM
MONT-TREMBLANT | SAINTE-AGATHE-DES-MONTS | SAINTE-LUCIE-DES-LAURENTIDES
SAINT-FAUSTIN-LAC-CARRÉ | VAL-DAVID | VAL-DES-LACS | VAL-MORIN



ADAPTED HELP PROGRAM

A Register
to Save Lives





Voluntary Registry Form

For individuals requiring specific assistance

IDENTIFICATION OF THE PERSON

First Name : _____

Name : _____

Address : _____ Apartment : _____

City/town : _____

Telephone : _____

Age : _____ Weight : _____

Main Home ? Yes No

If No, specify : _____

IDENTIFICATION OF DISABILITY

Intellectual Physical Visually-impaired

Hearing-impaired Motricity problems

LOCATION OF BEDROOM IN THE EVENT OF AN EVACUATION

Basement 1st floor 2nd floor 3rd floor

N.B. This information is strictly **confidential**.

AUTHORIZATION

I herein authorize the _____
Municipality to send the information contained in this form to the 911 Call
Centre and I disclaim all liability for the Municipality within this program.

In the event of a long-term hospitalization, moving or death, I must inform
the Municipality without delay and they will make the appropriate changes
with the 911 Centre.

SIGNATURE

Signature of the disabled person or his/her representative

Date

Please return this form by mail, fax or email to the following addresses: