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|  | | **個　別　避　難　計　画　書**  **様式２** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人の情報** | **住　所** | | |  | | | | | | | | | | | | **TEL** | | | | | （自宅） | | | | | | | | | | | | | | | | |
| （携帯） | | | | | | | | | | | | | | | | |
| **FAX** | | | | |  | | | | | | | | | | | | | | | | |
| **フリガナ** | | |  | | | | | | | | | | | | **メール** | | | | |  | | | | | | | | | | | | | | | | |
| **氏　名** | | |  | | | | | | | | | | | | **性別** | | | | | **生年 月日** | | | | | | | 明冶・大正・昭和・平成・令和 | | | | | | | | | |
| 男・女 | | | | | 年　　　月　　　日 | | | | | | | | | |
| **特記事項（身体の状況、移動に要する器具、持ち出すべきもの等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | □身体障害者手帳等を持っている | | | | | | | | | | | 障害名（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | □難病患者である | | | | | | | | | | | 病　名　（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | □歩行が困難 → **車いす**　・　**杖**　　・　**その他（　　　　　　　　　　　　　）**が必要。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | □認知症状がある | | | | | | | | □寝たきりである | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **かかりつけの病院** | | | | | |  | | | | | | | | | | | | | **担当医** | | | | | |  | | | | | | | | | | | |
| **治療中の病気** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **飲んでいる薬と**  **服用上の注意** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **災害時に避難する場所**  **および**  **避難方法** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家族等の情報** | **緊急時の家族等の連絡先**（本人情報と同様に**外部提供されることに同意を得た上で**記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **フリガナ** | |  | | | | | | | | | 続柄 | | | **住所** | | |  | | | | | | | | | | | | | | | | | | | |
| **氏　名** | |  | | | | | | | | | （　　） | | | **TEL** | | | （自宅） | | | |  | | | | | | | | | | | | | | | |
| （携帯） | | | |  | | | | | | | | | | | | | | | |
| **フリガナ** | |  | | | | | | | | | 続柄 | | | **住所** | | |  | | | | | | | | | | | | | | | | | | | |
| **氏　名** | |  | | | | | | | | | （　　） | | | **TEL** | | | （自宅） | | | |  | | | | | | | | | | | | | | | |
| （携帯） | | | |  | | | | | | | | | | | | | | | |
| **家の情報** | **同居人** | | □いる（　　人） | | | | | ※自分を含めない | | | | | | | **居住建物の構造** | | | | | | |  | | | | | | | | | | | | | | | |
| □いない | | | | | | | | | | | |
| **日 中**  **よくいる部屋** | | | |  | | | | | | | | | | **夜 間**  **よくいる部屋** | | | | | | |  | | | | | | | | | | | | | | | |
|
| **支援者情報** | **避難支援者** | | | | ***（災害時に避難支援してもらえるご近所の方を、***  ***その方の同意を得てから記入してください。）*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **フリガナ** | |  | | | | | | | | 関係 | | | | **住所** | | | | 津山市 | | | | | | | | | | | | | | | | | | |
| **氏　名** | |  | | | | | | | | （　　） | | | | **TEL** | | | | （自宅） | | | | |  | | | | | | | | | | | | | |
| （携帯） | | | | |  | | | | | | | | | | | | | |
| **フリガナ** | |  | | | | | | | | 関係 | | | | **住所** | | | | 津山市 | | | | | | | | | | | | | | | | | | |
| **氏　名** | |  | | | | | | | | （　　） | | | | **TEL** | | | | （自宅） | | | | |  | | | | | | | | | | | | | |
| （携帯） | | | | |  | | | | | | | | | | | | | |
| **支援関係情報** | **緊急通報システム** | | | | | あ　り　　・　　な　し | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| **居宅介護保険事業所** | | | | |  | | | | | | | | | | | **ケアマネ** | | | | |  | | | | | | | | **TEL** | | |  | | | | |
| **町内会名** | |  | | | | | | **民生委員・ 児童委員名** | | | | |  | | | | | | | | **TEL FAX** | | | | | | | |  | | | | | | | |

情報伝達においての留意事項

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| 例）耳元で大きな声でゆっくりと話してほしい。 |

避難誘導時の留意事項

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| 例）急な坂や長い距離を歩くには介助が必要になる。 |

避難先での留意事項

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| 例）薬を飲み忘れないように、朝に声を掛けてほしい。 |