

# EMERGENCY PREPAREDNESS

## Organize your emergency plan

- Choose two people that each family member can contact in the event you are separated. If possible, pick one contact that lives in the same state and another who lives out of state.
- Pick two meeting places in case you are separated. The primary meeting place should be close to home and the other should be farther away or out of the state.
- Go online and look up the evacuation routes for your area. It's important to know what your options are in the event of an evacuation.

## Gather your records

- Make sure you have quick access to your "Forever Files": vital documents including financial and legal papers. \* You can read more about forever files in my File Kit

## Document your valuables

- Use a camera or video camera to thoroughly document everything of value in each room.
- Using the Home Inventory List, write down the likely replacement value for each item and add up the total.
- Give your video, photos and or list to someone you trust who does not live with you.

## Organize your emergency kit

- Put water, food, cash, medication, glasses, whistle and a first aid kit inside a waterproof box. Make sure you have enough food and water per person to last 3 to 5 days.

## Hold a family meeting—approx 30 min

- Program each emergency contact's number into everyone's cell phones.
- Walk through the emergency plan together; tell everyone where the emergency kit is located, where they can find the vital documents, and who has the Home Inventory List.

## EMERGENCY SUPPLY KIT

- Water, one gallon of water per person per day for 3 days minimum
- Battery-powered or hand crank radio
- Flashlight & extra batteries
- Moist towelettes, garbage bags & plastic ties for personal sanitation
- Dust mask, to help filter contaminated air
- Plastic sheeting and duct tape to shelter-in-place
- Fire extinguisher
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps
- Sleeping bag or warm blanket for each person
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes
- Matches in a waterproof container
- Pet food and extra water for your pet



# FAMILY EMERGENCY PLAN

**Our family emergency plan** should be kept inside our emergency supply kit

contact #1's name:	phone #:
email:	
contact #2's name:	phone #:
email:	
meeting place #1:	phone #:
meeting place #2:	phone #:
evacuation location:	phone #:

**Locations our family frequent** should each have their own evacuation plan

work location #1	school location #1
address:	address:
phone #:	phone #:
evacuation location:	evacuation location:
work location #2	school location #2
address:	address:
phone #:	phone #:
evacuation location:	evacuation location:
other place we frequent	other place we frequent
address:	address:
phone #:	phone #:
evacuation location:	evacuation location:

**Family members info** needs to be updated regularly

name:	name:
date of birth:	date of birth:
social security #:	social security #:
important medical info:	important medical info:
name:	name:
date of birth:	date of birth:
social security #:	social security #:
important medical info:	important medical info:
name:	name:
date of birth:	date of birth:
social security #:	social security #:
important medical info:	important medical info:

**Where are you?**

First Aid Kit

Fire Extinguisher

Emergency Supply Kit



# FAMILY EMERGENCY PLAN

To make sure everyone knows who to call and where to meet in case of an emergency, fill out these cards and give one to each member of your family.

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

## FAMILY EMERGENCY PLAN

contact #1's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
contact #2's name: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #1: \_\_\_\_\_  
phone #: \_\_\_\_\_  
meeting place #2: \_\_\_\_\_  
phone #: \_\_\_\_\_  
evacuation location: \_\_\_\_\_

# EMERGENCY CONTACTS

home address:

home phone #:

house color & style:

landmarks & intersections:

## Important Numbers

**emergencies: dial 911** a. remain calm b. describe the situation c. stay on the phone

ambulance

fire department

poison control

police

hospital

doctor

dentist

pharmacy

emergency vet

vet

## Important Information

medical insurance

phone #:

policy #:

homeowners/rental insurance

phone #:

policy #:

auto insurance

phone #:

policy #:

other insurance

phone #:

policy #:

## Family contact numbers

name:

cell #:

office #:

name:

cell #:

office #:

name:

cell #:

office #:

name:

cell #:

office #:

name:

cell #:

office #:

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name:

cell #:

office #:

last updated:



