EMERGENCY PLAN

This Emergency Plan belongs to the household of _____. It records how the people in this household will get emergency alerts, stay in touch, find each other if they are separated, and leave home safely, and what they will take with them.

In an Emergency. Call 911 if anyone's life or safety is in danger. Follow the instructions of local officials, including any order to evacuate or to stay indoors.

Purpose. This plan is a household guide for emergencies. It is not medical advice, and it does not replace instructions from emergency officials.

Home address: _____ Date of this plan: _____

1. HOUSEHOLD MEMBERS

Name: _____ Phone: _____ Medical needs or other information: _____

Name: _____ Phone: _____ Medical needs or other information: _____

Name: _____ Phone: _____ Medical needs or other information: _____

Name: _____ Phone: _____ Medical needs or other information: _____

Name: _____ Phone: _____ Medical needs or other information: _____

2. STAYING IN TOUCH

Out-of-area contact (name, phone, email): _____

A person outside the area may be easier to reach when local phone lines are busy. If household members are separated, each person calls or texts the out-of-area contact to say where they are and whether they are safe. A text may get through when a call does not.

How we get emergency alerts: _____

3. MEETING PLACES

If an emergency separates household members or keeps anyone from getting home, meet at the place near home. If that place is not safe or cannot be reached, meet at the place outside the neighborhood.

Near home: _____

Outside the neighborhood: _____

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4. EVACUATION

Routes out of the area: _____

_____

Destination if we have to leave the area: _____

When local officials order an evacuation, leave right away. Take the emergency kit, the medications listed in this plan, and any pets.

5. LOCAL HAZARDS

This plan prepares for (check all that apply): [ ] fire [ ] flood [ ] hurricane [ ] tornado [ ] earthquake [ ] winter storm [ ] power outage [ ] other: _____

Safest place to shelter inside the home: _____

6. UTILITY SHUTOFFS

Water main: _____

Gas shutoff: _____

Electrical panel: _____

If the gas is turned off for any reason, do not turn it back on. Only a qualified professional, such as the gas company, should turn it back on.

7. EMERGENCY SUPPLY KIT

The kit is kept here: _____

[ ] Water: one gallon per person per day for several days [ ] Food: at least a several-day supply of food that will not spoil [ ] Prescription and other medications [ ] Copies of important documents, in a waterproof container or saved electronically [ ] Cash [ ] Phone chargers and a backup battery [ ] First aid kit [ ] Flashlight and extra batteries [ ] Battery-powered or hand-crank radio [ ] Pet food, water, medicines and a carrier or leash

Important papers are kept here: _____

8. MEDICAL INFORMATION

Medicines, with dose and who takes them: _____

Medical equipment and aids: _____

Person who needs extra help, and the help they need: _____

Equipment that needs power, and the backup plan: _____

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9. CHILDREN

School or child care, and its emergency pickup plan: _____

Second school or child care, and its plan: _____

Adults who may pick up the children: _____

10. PETS

Names, kinds and microchip numbers: _____

Pet-friendly place to stay: _____ Person who can get the pets if we are away: _____

11. INSURANCE

Home or renters insurance (company and policy number): _____

Health insurance: _____

Auto insurance: _____

Life insurance: _____

12. IMPORTANT CONTACTS

Emergency services (police, fire, ambulance): 911

Poison Help: 1-800-222-1222

Doctor: _____

Veterinarian: _____

Utility company: _____

Neighbor: _____

Other contacts: _____

13. PRACTICE AND REVIEW

This plan will be practiced and reviewed (check one): [ ] every six months [ ] once a year

It will also be updated whenever a phone number, address or other detail in it changes.

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