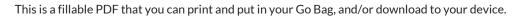
Emergency Communications Plan

Disasters and emergencies are inevitable in today's world

Other info

Other info





My Information			
My name			
First		Last	
Street Address			
Address Line 2			
City		ZIP Code	
My phone number		My email address	
My Emergency Co	ontact		
Emergency contact name First		Last	
Emergency contact phone number		Emergency contact ema	ail address
Family Members	s		
Family Member 1:			
Name	Phone	Email	Other Contact
er			
0			
Family Member 2: Name	Phone	Email	Other Contact

Emergency Plans Enter information for schools, childcare, caregivers and workplaces Name: Name: Address: Address: Emergency Hotline: Emergency Hotline: Website: Website: Emergency Plan/Pick-up Emergency Plan/Pick-up **Emergency Meeting Places** Location: Instructions: **Medical Information** 1-800-222-1222 Poison Control: Pediatrician Name: Doctor's Name: Pediatrician #: Doctor's #: Allergy information and prescriptions: Medical Insurance Name: Medical Insurance Policy #:

Additional Information:

My Household

Will anyone be traveling with you? You may or may not live with other people, like family members, roommon an emergency?	rtes, or a caretaker. If you do live with other people, will they be traveling with you during
Yes	
No	
My Pets	
Do you have a pet? Do you have a pet, service animal, and/or emotional support animal that	will travel with you during an emergency?
Yes No	
Veterinarian Name:	
Veterinarian #:	Pet Medications:
Microchipped? Yes No	Pet Breed:
Pet Vaccinations:	
Additional Information:	
My Health or Functional Needs	
My doctor's name:	My doctor's phone number:
My health conditions	
List any disabilities or known health conditions you may be experiencing.	
My medications List your medications, including dosage and frequency, also including the	ose only taken as-needed. Please list each medication on a separate line.

My allergies

List the things you're allergic to.

My Durable Medical Equipment or Assistive TechnologyAT devices
List any Durable Medical Equipment (DME) or Assistive Technology (AT) you use. If possible, please include the serial number of the device.
My support services
For example, some people have attendant services for nursing, daily living, or mental health.
To example, some people have attenuant services for harsing, daily living, or mentarheards.
Communication & Religion
Communication a religion
What is the best way to communicate with you?
For example, some people communicate via American Sign Language (ASL), some people use an assistive device, some people prefer to not make eye contact, etc.
Contact, etc.
Preferred language
For example, some people prefer to speak English or Spanish, use ASL, etc.
Religious considerations
If you would like to have your religion taken into account during an emergency, please provide information about your religious preferences.
My local radio station

My Local Disaster or Emergency Contacts

These could include contacts from your county and/or your city.

Office of Emergency Management phone number	Fire Department phone number
Sheriff or Police Department phone number	Public transportation or paratransit phone number
My Utility Providers	
Electric company name	Electric company phone number
Are you a critical care customer with your electric company?	
Yes No I'm not sure	
Gas company name	Gas company phone number
Are you a critical care customer with your gas company? Yes	
No	
I don't know	
Water company name	Water company phone number

Healthcare, Durable Medical Equipment & Assistive Technology Providers Healthcare agency name Healthcare agency phone number Emergency healthcare plan How do you plan to access healthcare if there is an emergency? **Durable Medical Equipment provider phone number Durable Medical Equipment provider name** What is the name of the company or agency that provides your Durable Medical Equipment (DME)? Emergency Durable Medical Equipment plan How do you plan to access DME if there is an emergency? Assistive Technology provider name Assistive Technology provider phone number What is the name of the company or agency that provides your Assistive Technology (AT)? **Emergency Assistive Technology plan** How do you plan to access Assistive Technology if there is an emergency? My Transportation **Emergency transportation plan** If you need to leave your home during an emergency, do you have your own transportation? Yes, I have my own transportation

No, I don't have my own transportation