

Allergies to Medication: _

PRC V4 (updated Jan 2019 - KRW)



EMERGENCY PLAN

Date: of Plan:

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Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Each person who you consider part of your plan must have their own printed copy of the plan. Keep a copy of this plan in your emergency grab and go bag or 96-hour kit or another safe place where you can access it in the event of an emergency or disaster. Practice the plan at least every 6 months and update the written plan at least annually or as needed.

CONTACT INFORMATION:	(Reme	mber, cell phone text messaging	often works when voice phone calls do not,
1) Name:	Relationship:	Phone:	
E-mail:	Address:		
2) Name:	Relationship:	Phone:	
3) Out-of-State:	Relationship:	Phone:	
Alternate Communication Method(s): Remember	r, you may want to consider using Text Messaging	g, Twitter, Ham Radio, GMRS, FRS, or CB Rad	lio
EVACUATION MEETING / COLLECT	TION LOCATIONS: YOUR GOAL	- Get Home or Stay Home. If you	ı must leave or can't get home follow below
1) Neighborhood Meeting Place:			
2) City Meeting Place:			
3) Out-of-City Meeting Place:			
Other:			
FAMILY INFORMATION: TIP: Co	onsider using an encrypted USB 1	humb Drive to keep PDF scar	ns of important records and documents
			Other notes on back
Medical History:			
Medication List:			
Allergies to Medication:			
			Other notes on back
Medical History:			
Medication List:			
Allergies to Medication:			
Name:		Date of Birth:	Other notes on back
Medical History:			
Medication List:			
Allergies to Medication:			
Name:		Date of Birth:	Other notes on back
Medical History:			
Medication List:			
Allergies to Medication:			
Name:		Date of Birth:	Other notes on back
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Medication List:			
Allergies to Medication:			
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OTHER IMPORTANT NUMBERS				
	Name	Phone Number(s)	Policy #	
Doctor 1				
Doctor 2				
Pharmacy				
Medical Insurance				
Car Insurance				
Home Insurance				
Pets Veterinarian / Kennel				
Other:				
Other:				

AMERICAN RED CROSS - FAMILY SAFE AND WELL:

FAMILY SAFE AND WELL: After a disaster, letting your family and friends know that you are safe and well can bring you and your loved ones great peace of mind. The American Red Cross webiste is designed to help make that communication easier. Register yourself "Safe and Well" or search for loved ones

https://safeandwell.communityos.org

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WORK / SCHOOL INFORMATION:	
Work Location One:	School Location One:
Address:	Address:
Phone Number(s):	Phone Number(s):
Evacuation Location:	Evacuation Location:
Work Location Two:	School Location Two:
Address:	Address:
Phone Number(s):	Phone Number(s):
Evacuation Location:	Evacuation Location:
Other Location:	Other Location:
Address:	Address:
Phone Number(s):	Phone Number(s):
Evacuation Location:	Evacuation Location:
SPECIAL NOTES / OTHER:	





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Appendix

ADDITIONAL INFORMATION / NOTES