

# National Center for Disaster Preparedness

EARTH INSTITUTE | COLUMBIA UNIVERSITY

## Preparedness Wizard MY PERSONAL EMERGENCY PLAN

<b>ACTION 1: Know Your Risks</b>	<b>1</b>
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This workbook is a supplement to the National Center for Disaster Preparedness' Preparedness Wizard tool. It is meant to be completed as you go through the online Preparedness Wizard. Please fill this in and save as a PDF, or print and fill it out by hand. Instructions on how to fill in each section can be found by clicking the 'Workbook Activity' button on each section, found at the top right corner.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ACTION STEP 1: KNOW YOUR RISKS

The risks \_\_\_\_\_ state/region has been prone to are:

- |   |  |
|---|--|
| <input type="checkbox"/> Avalanches                   | <input type="checkbox"/> Landslides                                |
| <input type="checkbox"/> Blizzards                    | <input type="checkbox"/> Mud and debris flows                      |
| <input type="checkbox"/> Chemical leaks               | <input type="checkbox"/> Mudslides                                 |
| <input type="checkbox"/> Drought                      | <input type="checkbox"/> Rockslides                                |
| <input type="checkbox"/> Earthquakes                  | <input type="checkbox"/> Severe Storms                             |
| <input type="checkbox"/> Extreme winter weather       | <input type="checkbox"/> Snowmelt                                  |
| <input type="checkbox"/> Fires/forest fires/wildfires | <input type="checkbox"/> Thunderstorms                             |
| <input type="checkbox"/> Flash flooding               | <input type="checkbox"/> Terrorist attacks                         |
| <input type="checkbox"/> Flooding (inland or coastal) | <input type="checkbox"/> Tidal Surges                              |
| <input type="checkbox"/> Ground saturation            | <input type="checkbox"/> Tidal waves                               |
| <input type="checkbox"/> Hail                         | <input type="checkbox"/> Tornadoes                                 |
| <input type="checkbox"/> Heat waves                   | <input type="checkbox"/> Torrential rains                          |
| <input type="checkbox"/> Heavy snow                   | <input type="checkbox"/> Tropical Storms/Depressions               |
| <input type="checkbox"/> Heavy rain                   | <input type="checkbox"/> Typhoons                                  |
| <input type="checkbox"/> High surf                    | <input type="checkbox"/> Volcanic eruptions                        |
| <input type="checkbox"/> Hurricanes                   | <input type="checkbox"/> Windstorms/high winds/straight-line winds |
| <input type="checkbox"/> Ice jams                     | <input type="checkbox"/> Winter Storms                             |
| <input type="checkbox"/> Ice storms                   |  |

Stay informed: [Sign up for alerts and updates](#) from local emergency management or health departments. Emergency alert apps and alerts you are subscribed to:

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Additional Notes:

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## **ACTION 3: PROTECT YOURSELF AND YOUR FAMILY**

### **SHELTER-IN-PLACE**

If you have to shelter-in-place at home, work, or school, in addition to your family's food and water needs, make sure you have:

#### **Essential Home Supplies (Sample Checklist):**

- Flashlights
- Spare batteries
- Battery-operated radio
- Cash
- Copies of essentials documents like passport, insurance papers, title or lease documents, driver's license
- First-aid kit
- Extra cellphone/laptop battery packs
- Manual backups for assistive devices e.g. wheelchair

Additional Items/Notes:

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#### **Essential Supplies for Workplace (Sample Checklist):**

- Flashlights
- Spare batteries
- Battery-operated radio
- Cash
- Copy of work ID
- First-aid kit
- Extra cellphone charger

Additional Items/Notes:

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## EVACUATE

### Go-Kit Supplies (Sample Checklist):

- Food (protein/energy bars, snacks)
- 2-liter bottle of water
- Copies of essentials documents like passport, insurance papers, title or lease documents, driver's license, work ID
- Cash
- First-aid supplies
- Medicines
- Eyeglasses and contact lenses
- Copies of prescriptions
- Waterproof and/or warm jacket

Additional Items/Notes:

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## PROTECTIVE MEASURES TO TAKE FOR SPECIAL CONSIDERATIONS

### For Children:

- Pack some comfort food, books, and non-digital toys as part of emergency supplies and go-kit.
- Fill in the child's emergency contact form in the plan workbook. Make sure they have emergency contact info on them always.
- Download and attach our list of top [10 steps](#) on how to help and support children during disasters and use as a resource.

Additional Items/Notes:

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**For Infants/Nursing Mothers:**

- Add a stockpile of powdered formula to your emergency supplies and go-kit.

Additional Items/Notes:

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**For Special Nutritional Needs:**

- Put together a 2-week supply of the foods required and medication, if necessary.
- Complete a care form of daily routine.
- If your infant has special nutritional needs, put together back-up supplies for feed and care for your child like feeding bags, tubing, syringes, mic-key buttons, catheters, etc. in your emergency supplies and go-kit.

Additional Items/Notes:

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**For Elderly:**

- Prepare medications and a list of medications (and pharmacy), allergies, special equipment and keep in a water-proof container.
- Place important personal documents in waterproof containers - home insurance, flood insurance, etc.
- Add glasses, medications, extra batteries and backups (e.g. manual wheelchair) for assistive devices to the go-kit.
- Keep a list of doctor's names, care takers, support systems, family members, next door neighbor in a prominent, easy-to-find place at home.
- Identify transport routes to shelters in case of evacuation.
- Pre-register your family member with your local health department or office of emergency management.

Additional Items/Notes:

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**For Functional Disabilities:**

Conduct a personal assessment. Ask yourself:

- Do you use adaptive equipment?
- Do you require assistance with personal care?
- Do you use special utensils to prepare or eat food?
- What electricity-driven equipment do you use? (dialysis, electrical lifts, chairs)
- Do you have safe back-up power supply?

What personal equipment do you use? \_\_\_\_\_

- Assure you have access to manual wheel chair.
- If you live in a high rise apartment and have functional needs, have an escape chair. Ask management to mark exits clearly and illuminate them at night. Ask management to help you leave.
- Have a 6-7 day supply of medications, and extra batteries for all assistive devices, both as part of home supplies and in your go-kit.
- Identify location of special needs shelter. Address and phone number:

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Additional Items/Notes:

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**For Deaf/Hard of Hearing:**

- Have a written list of medications and special needs. Make sure it states that you are hard of hearing or deaf. Pack a 7 day supply of medications, if required.
- Have a written list of emergency contact numbers in the go-kit.
- Carry a pre-printed card that states how you prefer to communicate, i.e. ASL, a few written phrases that will help you to communicate with others.
- Pack a note book and pen for writing.
- Carry a cell phone with text message ability or two-way pager, portable TTY, assistive listening device. Also carry extra batteries and chargers.

Additional Items/Notes:

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**For Pets/Service Animals:**

- ID your pet with your cell phone number on the tag.
- Pick a predetermined place you and your pets can go in the case of an evacuation.  
Address and contact info for this location:

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- Get a Rescue Alert Sticker and place in a visible spot. Veterinarian's name and phone:

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- Make a disaster kit for your pet.

Additional Items/Notes:

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#### **ACTION 4: COMMUNICATE AND PLAN**

- Fill out the Ready.gov Family Emergency Plan (on the following page) and distribute among the members of your family.
- If you have a child with special needs in your household, fill out the emergency information form for children with special needs.

Additional Items/Notes:

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Prepare. Plan. Stay Informed.

# Family Emergency Plan



9 FEMA



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. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Out-of-Neighborhood Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Out-of-Town Meeting Place: \_\_\_\_\_

Phone: \_\_\_\_\_

Fill out the following information for each family member and keep it up to date.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

### Work Location One

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### School Location One

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Work Location Two

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### School Location Two

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Work Location Three

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### School Location Three

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Other place you frequent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

### Other place you frequent

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Name	Telephone Number	Policy Number

Dial 911 for Emergencies



# Ready®

# Family Emergency Plan

Prepare. Plan. Stay Informed.



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

**Family Emergency Plan** 

EMERGENCY CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_


OTHER IMPORTANT INFORMATION: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

Ready® 

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

**Family Emergency Plan** 


EMERGENCY CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

Ready® 

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

**Family Emergency Plan** 

EMERGENCY CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_


OTHER IMPORTANT INFORMATION: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

Ready® 

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

**Family Emergency Plan** 


EMERGENCY CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OUT-OF-TOWN CONTACT NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

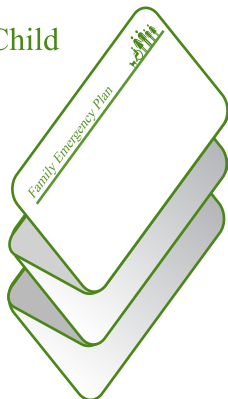
NEIGHBORHOOD MEETING PLACE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

Ready® 

Child



# Family Emergency Plan



Personal ID

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Special Needs, Medical Conditions, Allergies, Important Information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Ready ✓

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School / Daycare

School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 School Emergency Plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Parent / Guardian / Care Giver

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_  
 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_  
 Identifying Characteristics: \_\_\_\_\_

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Neighborhood Emergency Meeting Place

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

Out of Neighborhood Emergency Meeting Place

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

Out of Town Emergency Meeting Place

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions: \_\_\_\_\_

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Important Numbers or Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_ **Pets**  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_

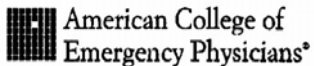
DIAL 911 FOR EMERGENCIES

Place additional Information on the reverse side as needed.



Last name:

# Emergency Information Form for Children With Special Needs



American Academy of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:	Birth date:	Nickname:
Home Address:	Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:	
Signature/Consent*:		
Primary Language:	Phone Number(s):	
Physicians:		
Primary care physician:	Emergency Phone:	
	Fax:	
Current Specialty physician:	Emergency Phone:	
	Fax:	
Specialty:	Emergency Phone:	
	Fax:	
Anticipated Primary ED:	Pharmacy:	
Anticipated Tertiary Care Center:		

<b>Diagnoses/Past Procedures/Physical Exam:</b>	
1. _____	Baseline physical findings: _____
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs: _____
_____	_____
4. _____	_____
_____	_____
Synopsis: _____	Baseline neurological status: _____
_____	_____
_____	_____

\*Consent for release of this form to health care providers

Last name:

<b>Diagnoses/Past Procedures/Physical Exam continued:</b>	
<b>Medications:</b>	<b>Significant baseline ancillary findings (lab, x-ray, ECG):</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	<b>Prostheses/Appliances/Advanced Technology Devices:</b>
5. _____	_____
6. _____	_____

<b>Management Data:</b>	
<b>Allergies: Medications/Foods to be avoided</b>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____
<b>Procedures to be avoided</b>	<b>and why:</b>
1. _____	_____
2. _____	_____
3. _____	_____

<b>Immunizations (mm/yy)</b>											
<b>Dates</b>											
DPT											
OPV											
MMR											
HIB											

Antibiotic prophylaxis: \_\_\_\_\_ Indication: \_\_\_\_\_ Medication and dose: \_\_\_\_\_

<b>Common Presenting Problems/Findings With Specific Suggested Managements</b>		
<b>Problem</b>	<b>Suggested Diagnostic Studies</b>	<b>Treatment Considerations</b>

<b>Comments on child, family, or other specific medical issues:</b>	
<b>Physician/Provider Signature:</b>	<b>Print Name:</b>

**ACTION 5: ENGAGE WITH YOUR COMMUNITY**

Neighbor One: \_\_\_\_\_

Phone: \_\_\_\_\_

Neighbor Two: \_\_\_\_\_

Phone: \_\_\_\_\_

Neighbor Three: \_\_\_\_\_

Phone: \_\_\_\_\_

Neighbor Four: \_\_\_\_\_

Phone: \_\_\_\_\_

List of organizations or community groups you could volunteer with:

- Contact local emergency management office for information on Citizen Emergency Response Teams (CERTs).

Phone: \_\_\_\_\_

- Contact your local health department for information on Medical Reserve Corps (MRCs).

Phone: \_\_\_\_\_

- Contact your local chapter of the American Red Cross.

Phone: \_\_\_\_\_

Other organizations or groups you can volunteer with:

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Additional Items/Notes:

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