



What Should I Take With Me??

Evacuation Kit:

Essentials Items The 5 Ps

- **Pills** (Prescription medication / copies of prescriptions)
- **Papers** (Driver's License or ID; Social Security Card, Proof of Residence, Insurance policies Birth/Marriage Certificates, Investment Information, wills, deeds, tax information)
- **Pets**
- **Pictures** (special photos that can't be replaced)
- **Personal Computers**

Secondary Items

- Flashlight /batteries
- Radio/batteries
- First aid Kit
- Prescription medication / copies of prescriptions
- Eyeglasses
- Water
- Food non perishable
- Infant / Elder hygiene items
- Hand Sanitizer
- Medical equipments/devises
- Change of clothes
- Sleeping bags
- Back-up of Computer Files
- Pet Food, Medicine, Vet Information



CONTACT INFORMATION:

Family Phone Numbers:

Mother: (work) _____ (cell): _____ (other): _____
Father: (work) _____ (cell): _____ (other): _____
Other: (work) _____ (cell): _____ (other): _____
Other: (work) _____ (cell): _____ (other): _____

Nearest Relative

Name _____ Address: _____
City _____ email _____
Telephone (day) _____ (evening) _____
Cell _____ Other: _____

Local Contact:

Name _____ Address: _____
City _____ email _____
Telephone (day) _____ (evening) _____
Cell _____ Other: _____

Out- of – State Contact:

Name _____ Address: _____
City _____ email _____
Telephone (day) _____ (evening) _____
Cell _____ Other: _____

Work Information:

Supervisor: Name _____ Telephone #: _____
Other Contact Infor: _____

Evacuation Plan:

Outside our Home. We will met:

(Location) _____

Away from the Neighborhood:

We will meet:

(Location) _____

Telephone Number of Person who will know where we are: _____



Critical Information:

Family Physicians:

Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____

Prescription Medication:

Allergies:

Medical Conditions:

Animal Needs:

Veterinarian _____ Telephone: _____

Insurance Information:

Health Insurance Company: _____ Policy # _____
Homeowner/Rental Insurance _____ Policy # _____
Vehicle Insurance: _____ Policy # _____
Life Insurance: _____ Policy # _____