My Emergency Plan – My Name:

Important Telephone Numbers (indicate (C) for Cell, (H) for Home, (W) for Work)

My Contact Information		Δdd	recc.	
Name:			Address: Telephone:	
Local – who to contact in case of Emergency			Telephone:	
Name:			phone.	
			phone:	
Out-of-Town – who to contact in case of Emergency Name:			phone.	
			phone:	
Caregiver Name:				
Primary Healthcare Provider			phone:	
Name:				
Pharmacy			phone:	
Name:				
Medical Equipment Supplier			phone:	
Name:				
Health Plan		Tele	phone:	
Name:		My ID Number:		
Home Health/Care/Services Provider		Telephone:		
Name:			r	
Family/Friend Network #1		Telephone:		
Name:				
Family/Friend Network #2		Telephone:		
Name:			•	
Family/Friend Network #3 (Out-of-Town)		Telephone:		
Name:				
Veterinarian		Tele	phone:	
Name:				
Special Medical Needs Sheltering Information		Telephone: 211		
Police/Sheriff - 911	Fire - 911		EMS - 911	
Local/Direct #-	Local/Direct #-		Local/Direct #-	
	Cap		Weter	
Electric Macon: 888 (GA Power)	Gas Macon: 877-427-4321 (Atlanta		Water Macon: 478-464-5600	
Warner Robins: 478-929-1144 or	Macon: 877-427-4321 (Atlanta Gas) Warner Robins: 911 or		Warner Robins: 911 or	
888-354-6836 (Flint)	478-929-1903		478-929-1903	
Other:	Other:		Other:	
American Red Cross	Health Department		Emergency Management	
Central Georgia: 478-743-8671				
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My Emergency Plan – My Name:

Medications

Prescribing Physician - Name and Telephone:

Pharmacy where Prescriptions on File – Name and Telephone:

Medications I am allergic to:

Medication	When I take it	How much I take	Other instructions

I have a special medical need (please describe):

Medical Equipment Instructions

Equipment:	Manufacturer	Model/Serial Number
Instructions for use:		
Equipment:	Manufacturer	Model/Serial Number
Instructions for use:		



Emergency Supply Kits

Basic:	Essential Documents (COPIES):
□ Batteries	Licenses and other ID's
□ Blankets	Social security card
Bottled water, 3-day supply, 1-	Immunization records
gal/person/day	Birth, marriage, death certificates
Can opener, manual	Health insurance cards
Cash and extra keys	Insurance policies
Cell phone, with charger adapters	Wills, contracts, deeds
Chlorine bleach, unscented	□ Credit cards
Clothes, extra, seasonal	Bank account records
Denture supplies	Important telephone numbers
Duct tape	Medication and Medical Equipment list
Extra eyeglasses, contact lenses	Pet/Service Animal vaccination and
Flashlight, battery or crank-powered	medical records and photo
and key-ring	□ Other:
Food, nonperishable, 3-day supply,	□ Other:
include special dietary needs	
Games, books	
Gloves, heavy	
Hand sanitizer, alcohol based	My Special Needs:
Matches in waterproof container	My Opecial Needs.
Multipurpose (ABC) fire extinguisher	
Pail, with tight cover	Medications – 1-week supply, in
Paper towels	original containers with prescription
Plastic garbage bags with ties	labeling
Radio, battery or crank-powered	Battery/Charging cable/Converter for
Soap	hearing aid, wheelchair, other medical
Toothbrush and paste	
Whistle (to call for help)	Oxygen (tank, regulator, tubing, mask/semmeta)
First-Aid Kit:	mask/cannula)
bandaids, 2x2's, 4x4's, tape, elastic	□ Catheters
bandages, digital thermometer,	Medication syringes Dressing supplies
scissors, tweezers, alcohol wipes,	Dressing supplies
disposable gloves, cotton balls, skin	 Incontinence pads Vascular access device
cleaner, bite/antibiotic ointments	
aspirin/Tylenol, cough syrup,	Pacemaker Dialyzia abunt
antihistamines, decongestants,	Dialysis shunt
antacids, anti-diarrheals	Equipment supplies:
Pet/Service Animal Supplies:	Equipment supplies:
photo with pet's name, food, water,	Equipment supplies:
bowls, collar with ID tag, leash, carrier,	□ Other:
waste supplies	□ Other:

