

_____ (Night)
 _____ Phone# (Day)
 _____ Name:
Designated Out-of-State Contact Person: _____ Location:

If you or your loved ones are separated during a disaster, each person should call the designated contact person to report his/her location and condition. This contact should be out-of-state because it is often easier to call long distance after a disaster.

_____ School / day care phone number and evacuation site

_____ Workplace evacuation site

_____ Out of the neighborhood (example: park, public building)

_____ Near Home (example: across the street, street corner)
 Reunite with your loved ones in case of disaster. Identify multiple meeting places and know the evacuation sites for school & work.

My Emergency Meeting Places



**San Ramon Valley
 Emergency
 Preparedness
 Citizen Corps
 Council**



When Disaster Strikes

MY POCKET EMERGENCY PLAN

PERSONAL INFORMATION

Name: _____

Address: _____

Phone 1: _____ #2: _____

HEALTH INFORMATION

Physician & Phone: _____

Specialist & Phone: _____

Insurance Plan #: _____

Special Notations/Reminders: _____

MEDICATION	STRENGTH	DAILY DOSE

Eyeglass Prescription: _____