My Pocket Emergency Plan

My Emergency Meeting Places

Near Home (example: across the street, street corner)

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

School / day care phone number and evacuation site

Workplace evacuation site

Designated Out-of-State Contact Person:

Name: ____________________________

Location: __________________________

Phone# (Day) ______________________

Phone# (Night) _____________________

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.

Reunite with your loved ones in case of disaster. Identify multiple meet-up points.
<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>STRENGTH</th>
<th>DAILY Dose</th>
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Name: ____________________________________________
Address: __________________________________________
Phone 1: ____________________ Phone 2: ____________________

Physician & Phone: __________________________________
Specialist & Phone: ________________________________
Insurance Plan #: ________________________________

Eyeglass Prescription: ____________________________

<table>
<thead>
<tr>
<th>PERSONAL INFORMATION</th>
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<tbody>
<tr>
<td>Health Information</td>
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<tr>
<td>Phone 1: #2: Phone 2:</td>
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<tr>
<td>Name: ___________________</td>
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</tbody>
</table>

Special Notations/Reminders: ____________________________