

MEDICAL INFORMATION

Having important medical information for household members and pets is critical in case you need to leave your house after a disaster.

PHYSICIAN

Name: _____

Phone number: _____

PHARMACY

Name: _____

Phone number: _____

HEALTH INSURANCE

Provider: _____

Group Number: _____

ID number: _____

CLOSEST FACILITY WITH GENERATORS IF POWER FOR MEDICAL EQUIPMENT IS REQUIRED:

MEDICATIONS

1	_____	_____	_____
	(PERSON NAME)	(NAME OF MEDICATION)	(DOSAGE)
2	_____	_____	_____
	(PERSON NAME)	(NAME OF MEDICATION)	(DOSAGE)
3	_____	_____	_____
	(PERSON NAME)	(NAME OF MEDICATION)	(DOSAGE)
4	_____	_____	_____
	(PERSON NAME)	(NAME OF MEDICATION)	(DOSAGE)

PET INFORMATION

1	_____	_____	_____
	(PET NAME)	(BREED)	
	_____	_____	_____
	(APPROX. AGE)	(NAME OF MEDICATION)	(DOSAGE)
2	_____	_____	_____
	(PET NAME)	(BREED)	
	_____	_____	_____
	(APPROX. AGE)	(NAME OF MEDICATION)	(DOSAGE)

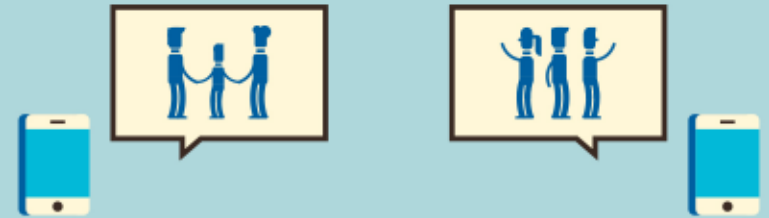


2 WEEKS READY

Gather Your Emergency Information

IMPORTANT PHONE NUMBERS

This might seem unnecessary — but how many phone numbers do you actually have memorized?



FRIENDS, IMMEDIATE FAMILY MEMBERS, AND OUT-OF-AREA CONTACTS:

1	_____	_____
	(NAME)	(PHONE)
2	_____	_____
	(NAME)	(PHONE)
3	_____	_____
	(NAME)	(PHONE)
4	_____	_____
	(NAME)	(PHONE)



PUBLIC SAFETY LOCATIONS

Whether you need help during a disaster or not, knowing who provides your home with safety services is important

Public safety locations can be a centralized location for information and support for your community



FIRE STATION

Address: _____

Phone number: _____

Total miles to station: _____

Potential route hazards: _____



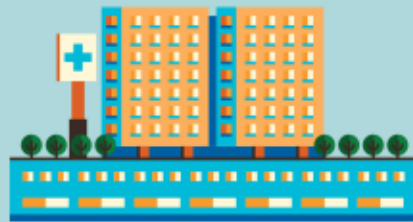
POLICE STATION

Address: _____

Phone number: _____

Total miles to station: _____

Potential route hazards: _____



MEDICAL FACILITY

Address: _____

Phone number: _____

Total miles to station: _____

Potential route hazards: _____



COMMUNITY GATHERING POINT

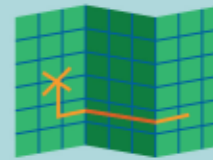
Address: _____

Phone number: _____

Total miles to station: _____

Potential route hazards: _____

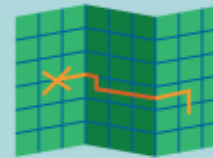
ALTERNATIVE ROUTES TO WORK



CURRENT ROUTE HOME: _____

Total miles: _____

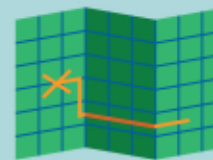
Potential hazards for route: _____



ALTERNATIVE ROUTE #1: _____

Total miles: _____

Potential hazards for route: _____



ALTERNATIVE ROUTE #2: _____

Total miles: _____

Potential hazards for route: _____

To help find routes and methods home, the following resources may help:

wsdot.wa.gov
www.metro.kingcounty.gov
www.soundtransit.org/Trip-planner
www.piercetransit.org/mobile/
dnr.wa.gov
Phone: 5-1-1 for state highway/
weather information
Your local emergency management office



CARPOOL OPTIONS

1. _____

2. _____



VIABLE PUBLIC TRANSPORTATION OPTIONS

1. _____

2. _____

3. _____

