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] [DOSE]
2. [PERSON NAME] [NAME OF MEDICATION] [DOSE]
3. [PERSON NAME] [NAME OF MEDICATION] [DOSE]
4. [PERSON NAME] [NAME OF MEDICATION] [DOSE]

PET INFORMATION

1. [PET NAME] [BREED] [APPROX. AGE] [NAME OF MEDICATION] [DOSE]
2. [PET NAME] [BREED] [APPROX. AGE] [NAME OF MEDICATION] [DOSE]

2 WEEKS READY
Gather Your Emergency Information

IMPORTANT PHONE NUMBERS

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

1. [NAME] [PHONE]
2. [NAME] [PHONE]
3. [NAME] [PHONE]
4. [NAME] [PHONE]

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

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

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: __________
______________________________

CARPOOL OPTIONS
1. ____________________________
2. ____________________________

VIABLE PUBLIC TRANSPORTATION OPTIONS
1. ____________________________
2. ____________________________
3. ____________________________
**BUILD KITS**

Plan to be on your own for at least **2 weeks**

- **Water** (1 gallon per person, per day)
- **Food** (non-perishable)
- **Comfort/entertainment**
- **Medical equipment**
- **Glasses/eye care**
- **First aid kit**
- **Can opener**
- **Sturdy shoes**
- **Extra batteries**
- **Warm clothes**
- **Fire extinguisher**
- **Personal hygiene items**
- **Flashlight**
- **Pet supplies**
- **Cash**
- **Toilet paper**
- **Medications**
- **Identification & important documents**

**FOR MORE INFORMATION**

- **Local television**
- **Your local Emergency Management office**
- **Emergency radio stations**
- **NOAA weather radio channels**

- **Twitter** @waEMD
- **Facebook** facebook.com/WashEMD

**ACTIONS TO TAKE DURING A QUAKE**

**DURING THE SHAKING**

- DROP
- COVER
- AND HOLD ON

If there is no table around, get lower than the other furniture.

**THINK**

- BENEATH
- BESIDE
- BETWEEN

**AFTER THE SHAKING**

**CHECK YOUR BUILDING:**

- For structural damage
- Shut off the water at the main valve
- Shut off gas only if you:
  - Smell natural gas
  - Hear hissing
  - See the dial spinning rapidly

**LEAVE BUILDING**

- If unsafe

**CHECK YOUR BUILDING:**

- For structural damage
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**LEAVE BUILDING**

- If unsafe
**BE PREPARED**

**MAKE A PLAN**

Determine an accessible meeting place in case you have to leave your home or work, so you can reunite your family.

**LEARN ABOUT DISASTER PLANS FOR:**

- Your work
- Your children’s school
- Your medical and/or transportation provider
- Other places where your family spends time

Check with your local emergency management office to:

- find out what hazards could affect your home and place of work
- sign up for emergency alerts and notifications
- identify your local emergency alert system (EAS) radio stations
- know your evacuation and alternate transportation routes

**DEVELOP A COMMUNICATIONS PLAN:**

- Write down emergency contact information
- Texts are more likely to go through
- Have an extra cell phone charger and batteries
- An out-of-area contact can serve as a relay point for family communication

**HELP EACH OTHER**

Know how you’ll help people and pets who normally rely on you

- Form a neighborhood group: for examples and suggestions, see Map your Neighborhood at: [emd.wa.gov/myn](http://emd.wa.gov/myn)
- Help organizations in your neighborhood that may need support during a disaster
- Attend free disaster skills workshops offered by your local emergency management office and learn basic survival skills

**Woof!**

Know how you’ll help people and pets who normally rely on you.