

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 GENERATOR 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:

Pet Name: _____ Breed: _____ Approx. Age: _____

Pet Name: _____ Breed: _____ Approx. Age: _____

1	_____ (PET NAME)	_____ (NAME OF MEDICATION)	_____ (DOSAGE)
2	_____ (PET NAME)	_____ (NAME OF MEDICATION)	_____ (DOSAGE)



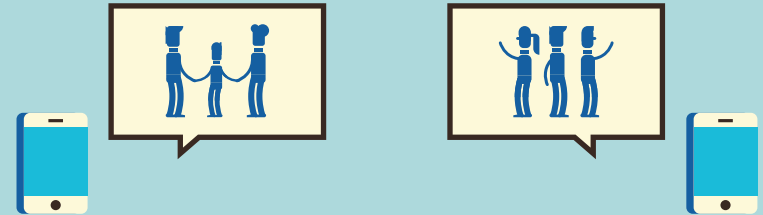
Seattle
Office of Emergency
Management

BE PREPARED

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: _____



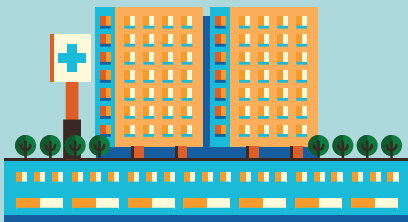
POLICE STATION

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

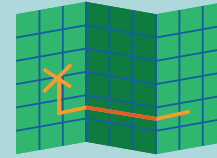
Address: _____

Phone number: _____

Total miles to station: _____

Potential route hazards: _____

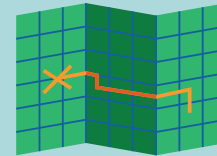
ALTERNATIVE ROUTES TO WORK



CURRENT ROUTE HOME: _____

Total miles: _____

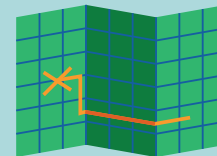
Potential hazards for route: _____



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:

www.metro.kingcounty.gov
www.walkscore.com
www.soundtransit.org/Trip-planner
www.piercetransit.org/mobile/
www.intercitytransit.com
www.wsdot.wa.gov
www.seattle.gov/transportation



CARPPOOL OPTIONS

1. _____
2. _____



VIABLE PUBLIC TRANSPORTATION OPTIONS

1. _____
2. _____
3. _____

