

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: _____ PHARMACY: _____
Name: _____ Name: _____
Phone number: _____ 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: _____

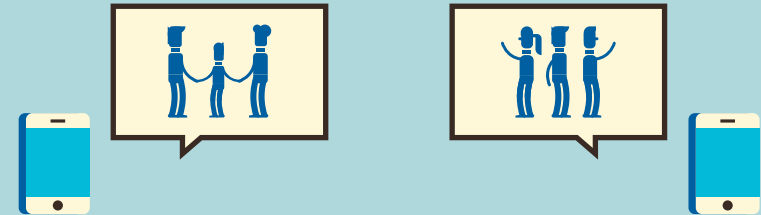
1	_____	_____	_____
	(PET NAME)	(NAME OF MEDICATION)	(DOSAGE)
2	_____	_____	_____
	(PET NAME)	(NAME OF MEDICATION)	(DOSAGE)

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: _____



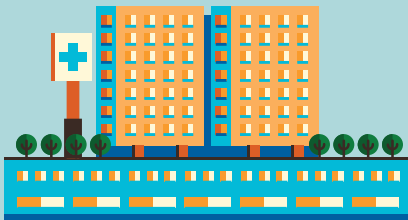
POLICE STATION

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

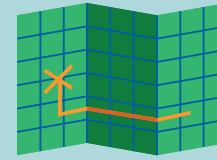
Address: _____

Phone number: _____

Total miles to station: _____

Potential route hazards: _____

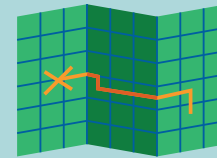
ALTERNATIVE ROUTES TO WORK



CURRENT ROUTE HOME: _____

Total miles: _____

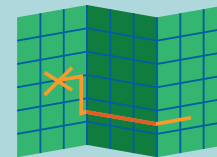
Potential hazards for route: _____



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



CARPOOL OPTIONS

1. _____
2. _____



VIALBE PUBLIC TRANSPORTATION OPTIONS

1. _____
2. _____
3. _____

