AT-A-GLANCE: Make A Plan

It is important to plan for how you will respond to emergencies and disasters. Remember to tailor your plans to your specific daily living needs and responsibilities.

Questions to ask when making your plan:

- How will I receive emergency alerts and warnings?
- What types of disasters or emergencies affect where I live?
- What is my shelter plan?
- What are my evacuation routes?
- How will I communicate with family/household members?

Things to consider when developing your plan:

- What type of disasters could affect where you live.
- Different ages of members within your household.
- Responsibilities for assisting others.
- Locations frequented.
- Dietary needs.
- Medical needs including prescriptions and equipment.
- Disabilities or access and functional needs including devices and equipment.
- Language spoken.
- Cultural and religious considerations.
- Pets and service animals.
- Household with school-aged children.

Consider developing these plans for your family/household:

- Fire Escape Plan
- Communication Plan
- Evacuation Plan
- Shelter-in-Place Plan

Family Emergency Plan

Know your exits, draw a floor plan of your room and circle two ways to get out:

Designated Meeting Spot:
- **In your home,** choose a location within your home to shelter-in-place for severe weather.
- **Draw this location:**

- **In your neighborhood,** choose a location within your neighborhood such as a neighbor's house or big tree.
- **Draw this location:**

- **Out of your neighborhood,** choose a location outside of your neighborhood such as a library or house of worship.
- **Address of location:**

Family Emergency Medical Plan

Fill out the following information related to important medical information for your family or household:

Name:	**Name:**
Allergies:	**Allergies:**
Doctor(s) name & phone number:	**Doctor(s) name & phone number:**
Medication(s) & Dose:	**Medication(s) & Dose:**
Name:	**Name:**
Allergies:	**Allergies:**
Doctor(s) name & phone number:	**Doctor(s) name & phone number:**
Medication(s) & Dose:	**Medication(s) & Dose:**