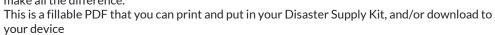
Emergency Communications Plan

Disasters and emergencies are inevitable, but taking just one step toward preparedness can make all the difference.





Updated: 10/21/2025

1	My Information My name: irst	Last		Date of Birth
:	Street Address			
,	Address Line 2			
(City		ZIP Code	
Μ	ly phone number		My email address	
M	ly Emergency Contact			
	mergency contact name irst		Last	
Emergency contact phone number			Emergency contact ema	ail address
	Family Members			
	Family Member 1: Name	Phone	Email	Other Contact
Other info				
	Family Member 2: Name	Phone	Email	Other Contact

Other info

Emergency Plans | Caretakers Enter information for schools, childcare, caregivers and workplaces Address: **Emergency Hotline:** Name: Website: Emergency Plan/ Pick-up: Enter information for schools, childcare, caregivers and workplaces Address: Emergency Hotline: Name: Website: Emergency Plan/ Pick-up: **Emergency Meeting Places** Location: Instructions: **Medical Information** Poison Control: 1-800-222-1222 Pediatrician Name: Doctor's Name: Pediatrician #: Doctor's #: Allergy information and prescriptions:

Medical Insurance Name:

Medical Insurance Policy #:

Additional Information:

Blood Type:

My Household

Will anyone be traveling with you?	
You may or may not live with other people, like family members, room an emergency?	mates, or a caretaker. If you do live with other people, will they be traveling with you during
Yes	
No	
My Pets	
Do you have a pet?	
Do you have a pet, service animal, and/or emotional support animal th	nat will travel with you during an emergency?
Yes No	
	Pet Name:
Veterinarian Name:	
Veterinarian #:	Pet Medications:
vecernaria.	
Pet Vaccinations:	
	Pet Breed:
Microchipped? Yes No	
Additional Information:	
My Health or Functional Needs	
My doctor's name:	My doctor's phone number:
,	,
My health conditions	
List any disabilities or known health conditions you may be experience	ng.
My medications List your medications, including dosage and frequency, also including	those only taken as-needed. Please list each medication on a separate line.
List yearedications, melating abouge and requeriey, also including	and the state of the country to the country of the separate line.

My allergies

List the things you're allergic to.

My Durable Medical Equipment or Assistive Technology (AT) devices List any Durable Medical Equipment (DME) or Assistive Technology (AT) you use. If possible, please include the serial number of the device.
Elst diff building included Equipment (binz) of 7 lesistive recliniology (117 year age, in possible, predict include the serial number of the device.
My support services
For example, some people have attendant services for nursing, daily living, or mental health.
Communication & Religion
What is the best way to communicate with you?
For example, some people communicate via American Sign Language (ASL), some people use an assistive device, some people prefer to not make eye
contact, etc.
Duefoured language
Preferred language
For example, some people prefer to speak English or Spanish, use ASL, etc.
Religious considerations
If you would like to have your religion taken into account during an emergency, please provide information about your religious preferences.
My local radio station

My Local Disaster or Emergency Contacts These could include contacts from your county and/or your city. Office of Emergency Management phone number Fire Department phone number Public transportation or paratransit phone number My Utility Providers Electric company name Electric company phone number Are you a critical care customer with your electric company? Yes No I'm not sure Gas company name Gas company phone number

Water company phone number

Are you a critical care customer with your gas company?

I don't know

Yes

Water company name

Healthcare, Durable Medical Equipment & Assistive Technology Providers Healthcare agency name Healthcare agency phone number Emergency healthcare plan How do you plan to access healthcare if there is an emergency? Durable Medical Equipment provider name What is the name of the company or agency that provides your Durable Medical Equipment (DME)? **Durable Medical Equipment provider phone number** Emergency Durable Medical Equipment plan How do you plan to access DME if there is an emergency? Assistive Technology provider name What is the name of the company or agency that provides your Assistive Technology (AT)? Assistive Technology provider phone number **Emergency Assistive Technology plan** How do you plan to access Assistive Technology if there is an emergency? My Transportation **Emergency transportation plan** If you need to leave your home during an emergency, do you have your own transportation? Yes, I have my own transportation

No, I don't have my own transportation