



# IN CASE OF EMERGENCY

Call 911 for Life Threatening Emergencies Only

## EMERGENCY CONTACT INFO

Home Address \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_

Neighbor Phone Number \_\_\_\_\_ Out-Of-Town Contact \_\_\_\_\_

## KEY LOCATIONS / SHUT-OFF DIRECTIONS

Location	Shut-Off Directions
Water Main Valve _____	_____
Gas Main Valve _____	_____
Electrical Circuit Breaker _____	_____
Other Utilities _____	_____
Other Utilities _____	_____
Ready2Go Emergency Kit _____	
First Aid Supplies _____	
Flashlights _____	
Fire Extinguishers _____	
Garage Door Manual Override _____	

## SAFE PLACES IN THE HOME

1. In the event of a \_\_\_\_\_ the safe place in the home is \_\_\_\_\_
2. In the event of a \_\_\_\_\_ the safe place in the home is \_\_\_\_\_
3. In the event of a \_\_\_\_\_ the safe place in the home is \_\_\_\_\_

## REUNION LOCATIONS

### Outside the Home Meeting Place

Where \_\_\_\_\_

### Neighborhood Meeting Place

Name of Location \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Outside the Neighborhood Meeting Place

Name of Location \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## NON-EMERGENCY CONTACT INFO

Fire Department \_\_\_\_\_ Emergency Medical Services \_\_\_\_\_ Police \_\_\_\_\_  
 Poison Control \_\_\_\_\_ Veterinarian \_\_\_\_\_ Animal Control \_\_\_\_\_

## MEDICAL

Patient's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

## HOUSEHOLD CONTACT INFO

Electric Company \_\_\_\_\_ Electrician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Gas Company \_\_\_\_\_ Heating Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Water Company \_\_\_\_\_ Plumber Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Telephone Company \_\_\_\_\_ Cable Company \_\_\_\_\_  
 AAA/Towing/Roadside Assistance \_\_\_\_\_  
 Other \_\_\_\_\_ Phone \_\_\_\_\_  
 Other \_\_\_\_\_ Phone \_\_\_\_\_

## EVACUATION PLAN

It is important to determine several evacuation routes for each family member. For pets or family members who need special assistance indicate who will be responsible and what is the plan.

1. \_\_\_\_\_ is responsible for \_\_\_\_\_  
 What's The Plan? \_\_\_\_\_  
 2. \_\_\_\_\_ is responsible for \_\_\_\_\_  
 What's The Plan? \_\_\_\_\_  
 3. \_\_\_\_\_ is responsible for \_\_\_\_\_  
 What's The Plan? \_\_\_\_\_  
 4. \_\_\_\_\_ is responsible for \_\_\_\_\_  
 What's The Plan? \_\_\_\_\_

