

**EXTRA ITEMS YOU MAY  
WANT OR NEED:**

1. EXTRA WARM CLOTHING
2. MATCHES/LIGHTERS
3. TOILET PAPER/TISSUES
4. COMB/RAZOR
5. BURN GEL/DRESSINGS
6. HAND SANTIZER/SOAP
7. DUCT TAPE
8. SUN BLOCK
9. INSECT REPELLIENT
10. PORTABLE TOILET
11. PONCHO/COAT/  
WINDBREAKER
12. HAND/BODY WARM  
PACKS



## Emergency Preparedness File

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_



*September, 2015*

**Emergency Contacts or Family :**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

**Additional information:**

Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_



**MEDICATION INFORMATION:**

NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

ANY ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

**HOUSE EMERGENCY KIT**

1. 3 DAY SUPPLY OF WATER
2. 3 DAY SUPPLY OF FOOD
3. FLASHLIGHT/BATTERIES
4. RADIO
5. BLANKETS
6. WARM CLOTHES
7. FIRST AID KIT
8. EXTRA CASH (at least \$20)
9. HYGIENE KIT
10. GARBAGE BAGS & TIES
11. MEDICATIONS
12. GLASSES
13. HEARING AIDS/BATTERIES
14. LEGAL DOCUMENTS
15. SWISS ARMY KNIFE/CAN OPENER
16. CELL PHONE & BATTERY