



**MY EMERGENCY  
PLAN**

## MY INFORMATION

Please print. If viewing as a PDF,  
click on the highlighted areas to type  
in the information.

Name:

Address:

Day Phone:

Evening Phone:

Cell Phone:

Email:

There are three basic steps to being prepared for any emergency:



## MAKE A PLAN



## GATHER SUPPLIES



## GET INFORMED

Think about how emergencies can affect you. Emergencies range from falls in the home to house fires to earthquakes. Use this guide to list what you might need during an emergency.

Please fill out the sections that apply to you and your needs.

*Visit [ready.alaska.gov](http://ready.alaska.gov) to access additional emergency preparedness materials*

Don't go through an emergency alone. Ask at least two people to be in your emergency support network — family members, friends, neighbors, caregivers, coworkers, or members of community groups. Remember, you can help and provide comfort to each other in emergencies.

Your network should:

- Stay in contact during an emergency.
- Know where to find your emergency supplies.
- Know how to operate your medical equipment or help move you to safety in an emergency.

### Emergency support network contacts:

Name/Relationship:	
Phone (home/work/cell):	
Email:	
Name/Relationship:	
Phone (home/work/cell):	
Email:	

Pick an out-of-area friend or relative who family or friends can call during a disaster. If local phone lines are busy, long-distance calls may be easier to make. This out-of-area contact can help you communicate with those in your network.

### Out-of-area contact:

Name/Relationship:	
Phone (home/work/cell):	
Email:	

# DEVELOP A PLAN

## Health & Medical Information

Make a plan that best suits your needs. Speak to your doctor(s), pharmacist, and other healthcare providers about your specific needs and how to meet them during an emergency.

Make a photocopy of your emergency contacts and health information. Keep it in your wallet or purse at all times.

### Important health and life-saving information:

Allergies:  
Other medical conditions:  
Essential medications and daily doses:  
Eyeglass prescription:  
Blood type:  
Communication devices:  
Equipment:  
Health insurance plan:  
Preferred hospital:  
Individual #/Group #:  
Doctor/Specialist:  
Phone:  
Doctor/Specialist:  
Phone:  
Pharmacy:  
Address:  
City:  
Phone/Fax:

## Communicate With Others

Write down short phrases that can help you in an emergency. Prewritten cards or text messages can help you share information with your support network or emergency responders during a stressful or uncomfortable situation. You may not have much time to get your message across. Phrases can include:

- I may have difficulty understanding what you are telling me. Please speak slowly and use simple language or pictures.
- I use a device to communicate.
- I am deaf and use American Sign Language.
- Please write down directions.
- I speak [insert language below].

The phrases you write down in advance should apply to emergencies in and outside your home. Be sure to keep it with you at all times. If you have difficulty, ask family, friends, or caregivers to help.

**Below is space for you to write your own phrases:**

### Meeting Places

Know where you will meet family, friends, or caregivers after an emergency. Pick two places to meet: one right outside your home and another outside your neighborhood, such as a library, community center, or place of worship.

Make a habit of learning exits whenever you are in a new location (e.g., shopping mall, restaurant, church).

Meeting place close to home:	
Address:	
Meeting place outside neighborhood:	
Address:	
State, local police or VPSO:	
Phone and address:	

- Evacuate immediately if your life is in danger.
- Evacuate immediately if you smell gas, or see smoke or fire.
- Call 911 if you need emergency assistance.



## Know Where You Will Stay

Identify friends or family with whom you can stay in case you cannot stay at home.

### I can stay with:

Name/Relationship:	
Phone (home/work/cell):	
Address:	
Email:	
Name/Relationship:	
Phone (home/work/cell):	
Address:	
Email:	

Practice evacuating regularly with members of your household (including with your pets and service animals) and consider different situations you may face, such as blocked paths or exits.

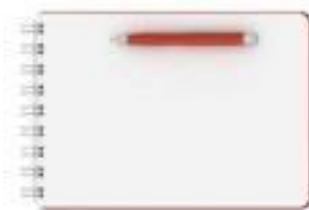


## PACK A GO BAG

Everyone in your household should have a go bag—a collection of things you would want if you have to leave in a hurry. Your go bag should be sturdy and easy to carry, like a backpack or a small suitcase on wheels.

### **Check off items you have and add those you will need:**

- Bottled water and nonperishable food, such as granola bars
- Copies of your important documents in a waterproof container (e.g., insurance cards, Medicare/Medicaid cards, photo IDs, proof of address, marriage and birth certificates, credit and ATM cards)
- Flashlight, hand-crank or battery-operated AM/FM radio, and extra batteries
- Any medications you take and a list of why you take them, and their dosages
- Contact information for your household and members of your support network
- Cash, in small bills
- Notepad and pen
- Back-up medical equipment (e.g., glasses, batteries) and chargers
- Aerosol tire repair kits and/or tire inflator to repair flat wheelchair or scooter tires
- Supplies for your service animal or pet (e.g., food, extra water, bowl, leash, cleaning items, vaccination records, and medications)
- Portable cell phone chargers
- Other personal items:



# GATHER SUPPLIES

 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Water	Food	Medications	First Aid Kit	Baby Supplies	Pet Supplies	Bleach & Eye-Dropper
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Family ID Documents	Blankets	Sleeping Bags	Glasses & Eye Protection	Extra Clothing	Personal Hygiene Items	Sani-Wipes
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Cash & Bank Checks	5-Gallon Bucket	Trash Bags/ Plastic Sheets	Plan	Backpack	N95 Mask	Work Gloves
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Flashlight	Batteries	Matches	Extra Keys	Lightsticks	Medical Gloves	Multi-purpose Tool w/ Knife
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Wrench, Pliers & Crowbar	Rope/Cord	Duct Tape	Can Opener	Kitchen Items	Scissors	Fire Extinguisher
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Paper Towels	Pen & Paper	Radio	Cell Phone & Charger	Whistle	Signal Mirror	Toilet Paper

**Once you have filled out this guide, you are on your way to being a ready Alaskan!**

**CONGRATULATIONS!**

### Special Considerations

- Consider adding items to your emergency supplies that best suit your needs, including dietary and medical needs.
- If you rely on electric medical equipment, contact your medical supply company for information about a back-up source of power.
- If you depend on power for life-sustaining equipment, you should have a back-up source of power, such as a battery or oxygen tank that does not require electricity.
- If you rely on oxygen, talk to your oxygen supplier about emergency replacements.
- If you receive critical treatments, such as dialysis or chemotherapy, talk to your provider about how you can continue to receive these treatments during an emergency.



**ALASKA RESOURCES**

**Division of Homeland Security & Emergency Management**

ready.alaska.gov  
<https://twitter.com/AlaskaDHSEM>  
<https://www.facebook.com/readyalaska>

**Police Department**


**Fire Department**


**Utility Company (gas, electric, telephone, heating fuel)**


**Hospital**


**Emergency Management**