

My Pocket Plan

Create a valuable family
emergency action plan



What is ***My Emergency Plan?***

This is your ***My Pocket Plan*** which contains your personal emergency information. Take the time to work through this booklet and create a valuable family emergency action plan.

Include only the information that you are comfortable with. ***My Pocket Plan*** is to assist you and only you and your family. **No one else needs to see it, or get information from it.**

Use this booklet to create a record of your important information, from work and school phone numbers to insurance information to medical contacts and prescription details for every member of your family, all in one easy-to-find location.



How to use *My Pocket Plan*

Take time with family members to discuss what information you will need in an emergency.

Put this completed booklet with your emergency medications in a safe, easy-to-access location. Consider making copies to put in multiple locations, such as in your go-kit, car and online.

Emergency Preparedness

1. Identify hazards in or around your home
2. Create a disaster action plan
3. Compile a disaster supply kit
4. Review the safety and structural integrity of your home
5. Protect yourself during a disaster
6. Evacuate, if necessary
7. Follow your plan



Personal information

» **Full name:** _____

Address: _____

Phone: _____

Phone: _____

» **Local emergency management office:** _____

» **Non-emergency police:** _____

» **Employer:** _____

Phone: _____

» **School:** _____

Phone: _____

» **School:** _____

Phone: _____

Two numbers to program into your mobile device:

- **In Case of Emergency (ICE):** Emergency personnel will look for your ICE listing to know who to contact.
- **1EQText:** This is your out-of-state contact who is able to receive text messages.

Who lives with you?

You may want to include pictures of people and pets that live with you.

» **Name:** _____

Relationship: _____

» **Name:** _____

Relationship: _____

» **Name:** _____

Relationship: _____

» **Name:** _____

Relationship: _____

» **Name:** _____

Relationship: _____

» **Name:** _____

Relationship: _____



Family emergency plan

» **Local emergency contact name:**

Phone:

Email:

» **Out-of-state emergency contact name:**

Phone:

Email:

» **Phone or other contact information:**

TEXT MESSAGES can often get through when PHONE CALLS won't.

Family emergency plan

» **Neighborhood meeting place:**

» **Outside of neighborhood meeting place:**

Location address:

» **CERT or neighborhood watch contact:**

Phone:

Email:

Draw an outline of the floor plan of your home

- Mark two escape routes from each room.
- Where is the gas shut-off valve?
- Where is the water shut-off valve?
- Where are the oxygen tanks stored?

Draw a map or paste a map of your work or school

- Show evacuation routes, assembly areas, etc.

Draw a map or paste a map of your neighborhood

- Show evacuation routes, assembly areas, etc.

What kind of natural hazards are in your area?

**Tornado? Flood? Earthquake?
Wildfire? Tsunami? Winter Storm?**

Don't assume that you have no natural hazards in your area just because there hasn't been a disaster in recent memory. Knowledge and preparation can mean the difference between life and death.

- Know how to get alerts on a weather alert radio:
Visit www.weather.gov/alerts



Family medical information

» **Name:**

Current medical conditions: (diabetes, heart issues, high blood pressure)

Pacemaker: Yes No Type

Internal defibrillator: Yes No

Implants (location):

Additional information:

Religious preference (optional):

Known allergies:

Blood type:

Family medical information

» **Name:** _____

Current medical conditions: (diabetes, heart issues, high blood pressure) _____

Pacemaker: Yes No Type _____

Internal defibrillator: Yes No _____

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Additional information: _____

Religious preference (optional): _____

Known allergies: _____

Blood type: _____

Family doctor information

» **Doctor or health practitioner name:** _____

Clinic/Hospital name: _____

Phone: _____

Email: _____

Location/address: _____

» **Doctor or health practitioner name:** _____

Clinic/Hospital name: _____

Phone: _____

Email: _____

Location/address: _____

» **Doctor or health practitioner name:** _____

Clinic/Hospital name: _____

Phone: _____

Email: _____

Location/address: _____

Pharmacy information

» **Pharmacy name:** _____

Location: _____

Phone: _____

Email: _____

» **Pharmacy name:** _____

Location: _____

Phone: _____

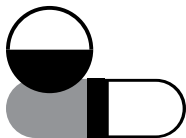
Email: _____

» **Pharmacy name:** _____

Location: _____

Phone: _____

Email: _____



Current prescription medications

- Write or paste your prescription labels here

» **Name of drug:** _____

Date prescribed: _____

Prescribing doctor: _____

Dosage: _____

» **Name of drug:** _____

Date prescribed: _____

Prescribing doctor: _____

Dosage: _____

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Date prescribed: _____

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Prescribing doctor: _____

Dosage: _____

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Date prescribed: _____

Prescribing doctor: _____

Dosage: _____

Insurance carriers

» **Company:** _____

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone: _____

Website: _____

Email: _____

Insurance ID #: _____

Insurance Group #: _____

» **Company:** _____

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone: _____

Website: _____

Email: _____

Insurance ID #: _____

Insurance Group #: _____

Insurance carriers

» **Company:**

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone:

Website:

Email:

Insurance ID #:

Insurance Group #:

» **Company:**

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone:

Website:

Email:

Insurance ID #:

Insurance Group #:

Insurance carriers

» **Company:** _____

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone: _____

Website: _____

Email: _____

Insurance ID #: _____

Insurance Group #: _____

» **Company:** _____

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone: _____

Website: _____

Email: _____

Insurance ID #: _____

Insurance Group #: _____

Pet information

» **Type of animal:**

Name of animal:

Medical conditions or medications of pet:

Name of veterinarian:

Phone:

Website/email:

» **Type of animal:**

Name of animal:

Medical conditions or medications of pet:

Name of veterinarian:

Phone:

Website/email:

Pet information

» **Type of animal:** _____

Name of animal: _____

Medical conditions or medications of pet: _____

Name of veterinarian: _____

Phone: _____

Website/email: _____

» **Type of animal:** _____

Name of animal: _____

Medical conditions or medications of pet: _____

Name of veterinarian: _____

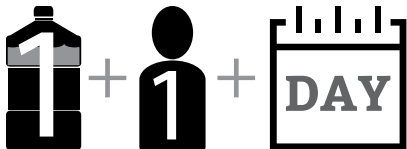
Phone: _____

Website/email: _____

Basic emergency kit

» Location of emergency Kit:

- Water, 14-gallons per person (one gallon per person per day)
- Food (14-day supply) for each person
- Radio, battery-powered or hand-crank
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask
- Moist towelettes
- Wrench or pliers to turn off utilities
- Manual can opener for food
- Local maps
- Cell phone and chargers
- Seasonal jacket



Additional items for emergency kit

- Prescription eyeglasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents (insurance papers, birth certificates, bank records, etc.)
- Cash (small values, such as \$5 or \$10)
- Emergency reference material (first aid books)
- Sleeping bag or warm blankets
- Complete change of clothing
- Household chlorine bleach, unscented and soap free (change every 6 months along with water)
- Fire extinguisher
- Matches in a waterproof container or a lighter
- Feminine supplies and personal hygiene items
- Toilet paper
- Plastic bags for sanitation
- Mess kits, paper cups and plates
- Paper and pencil
- Games, books, puzzles or other activities

Resources

Want to know more about family preparedness?

- **American Red Cross**, www.redcross.org
- **FEMA**, www.ready.gov

Want to know more about earthquakes and tsunami?

- www.OregonTsunami.org

Want to know about being firewise?

- **Oregon Department of Forestry**, www.Oregon.gov/ODF

Want to know more about severe weather?

- **National Weather Service**, www.weather.gov

Want to know more about pandemics?

- **Centers for Disease Control and Prevention**, www.cdc.gov

Want to know how to help your pets during an emergency?

- **American Humane Society**, www.humanesociety.org

My Pocket Plan

was created as a personal
preparedness tool by:

**Federal Emergency Management Agency
Oregon Office of Emergency Management
Coos County Emergency Management**

Once you have completed
My Pocket Plan,
let us know by sending an email:
public.info@state.or.us

You'll receive a preparedness certificate
signed by the Oregon governor.

DO NOT send us *Your Pocket Plan*,
only an email stating you completed it.
The plan is for your use only.





Oregon Office of Emergency Management

Phone: 503-378-2911

Websites

www.Oregon.gov/OEM

www.facebook.com/OMDOEM

www.Ready.gov