

MY EMERGENCY PLAN



My Name: _____ Date Updated: _____

1. My Emergency Contacts

Person 1: _____

Phone: _____

Relationship: _____

Person 2: _____

Phone: _____

Relationship: _____

My caregiver/support person: _____

Phone: _____

If I cannot reach these people:

3. My Medications

Medication	Dose	When I take it

Pharmacy: _____

Phone: _____

Doctor/health care provider: _____

Phone: _____

Allergies or other important medical information:

2. My Medical Equipment

Equipment I use:

☐ Wheelchair/scooter

☐ Walker/cane

☐ Oxygen

☐ CPAP/BiPAP

☐ Hearing aids/cochlear implant

☐ Communication device

☐ Other: _____

Equipment provider: _____

Phone: _____

Important instructions for using my equipment:



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4. My Power Needs

Equipment that needs electricity:

How long can my backup power last?

My backup power plan:

Where could I go if I lose power for an extended time?

5. How I Communicate

The best way to communicate with me is:

- ☐ Phone call
- ☐ Text
- ☐ Email
- ☐ Sign language
- ☐ Writing/pen and paper
- ☐ Communication device
- ☐ Other: _____

Instructions for communicating with me:

6. My Emergency Plan

Where will I go if I need to leave home?

My primary evacuation route:

My backup route:

Who will check on me?

Who has a key or can access my home?

7. My Mobility and Transportation Needs

I use:

- ☐ Wheelchair
- ☐ Walker
- ☐ Cane
- ☐ Other: _____

My transportation options:

- 1.
- 2.
- 3.

If I need to evacuate, I will go to:

My accessible transportation/paratransit provider:

8. Important Information

My preferred language: _____

Service animal/pet needs:

Other needs I want others to know:

I shared this plan with:

Next time I will review/update this plan:

