

Town: _____

Date Created: / /



Emergency Preparedness Plan

Last Updated: / /

Your Name: _____ DOB: _____ Blood Type: _____

Address: _____

Primary Language: _____

Electricity Dependent? Yes or No

Household Information

1. Name _____ Relationship _____ Phone Number: _____

2. Name _____ Relationship _____ Phone Number: _____

Primary Emergency Contact

Name _____ Relationship _____ Phone Number: _____

Address: _____

Local Contact * (Neighbor, Relative)

Name _____ Relationship _____ Phone Number: _____

Address: _____

Agreement: i.e. check in prior to a snow storm

Town Contacts

Police: 911 or	Fire: 911 or
Poison Control: 1-800-222-1222	24/7 free info on local health & human services: 211
Health Department: 203-248-4528	Veterinarian:
Water Company:	Heat Provider:
Gas Company:	Transportation:
Local Red Cross: 1-877-287-3327	Other:

Insurance Information:

Type of Information	Company	Policy Number	Phone
Health			
Prescription			
Homeowners/Rental			
Auto			

Special Needs: Eye Glasses: Yes or No

Hearing Aids: Yes or No

Other:

Patient Medical Information

Name:	Date of Birth:
Dentist:	Phone Number:
Address:	
Primary Care Doctor:	Phone Number:
Address:	
Hospital:	Address:

Other Medical Contacts

Name of Doctor	Specialty (i.e. cardiac)	Last Appointment	Next Appointment	Phone Number

Medical History

Medical Condition	Date Diagnosed	Ongoing or Resolved

Surgeries:

Type: (i.e. Right, total knee replacement)	Date: (i.e. April 2004)

Allergies/Sensitivities

Drug Name:	Type of Reaction:

See “My Medicine List” – included in folder

Medical Equipment (e.g. mobility assistive device, oxygen tank)

Personnel Preferences (Please list any personal care preferences e.g. dietary needs)

Designated Relocation Place:

Location: _____

Contact Person: _____

Additional Info: _____

Car Emergency Supplies List (National Safety Councils)

- Copy of emergency plan, emergency phone numbers
- Local Maps / Compass
- A properly inflated spare tire, wheel wrench and tripod jack
- Jumper Cables
- Tool kit
- Flashlight and extra batteries
- Reflective triangles and brightly colored cloth to make your vehicle more visible
- First Aid Kit (gauze, tape, bandages, antibiotic ointment, aspirin, blankets, non-latex gloves, scissors, hydrocortisone, thermometer, tweezers & instance cold compress)
- Non-perishable, high energy foods (e.g. unsalted nuts, dried fruits)
- Drinking Water
- Reflective Vest
- Car charger for cell phone
- Fire Extinguisher
- Duct Tape
- Rain Poncho
- Snow brush, shovel, windshield washer fluid, warm clothing, cat litter (for traction), blankets

Stay Informed!

Local Television Stations

1. WTNH- Channel 8
2. WFSB- Channel 3
3. WTIC- Channel 61

Radio Stations

1. Hartford County- WTIC 1080AM
2. New Haven County- WELI 960AM
3. Fairfield County- WEBE 108FM
4. Fairfield County- 99.9FM
5. Fairfield County- 600AM

Apps on Smartphone or Tablet:

1. The Weather Channel App
2. WTNH App
3. WFSB App
4. NBC CT App
5. FEMA

After downloading these apps, turn on notifications to receive local weather and emergency alerts

Connecticut Emergency Alerting & Notification System

Follow the sign-up steps below to receive mobile alerts from the CT Emergency Alert System!

1. Visit: <http://www.ct.gov/ctalert/site/default.asp>
2. On the right side of the page you can either fill out the “Quick Sign Up” for general mobile alerts or select “Register for Alerts” where you create an account and customize which alerts you receive
3. Mobile Phones will receive a text message after signing up, respond to the message with “yes” to confirm registration

Weather Watch vs. Warning – Knowing the difference, Knowing your options

A major part of staying informed is ensuring you understand the terms used to communicate weather threats.

A “**storm watch**”, for example, means that there is a high possibility that a weather emergency will occur. Closely monitor the news/weather updates via television or radio and pay attention to what is occurring around you.

A “**storm warning**” means that a weather emergency is actively occurring or will occur soon. Take immediate action by following your “Survive During” steps in your preparedness folder for the relevant weather event.

Extra Items to Consider for Individuals with Functional Needs

In addition to a basic survival supply list, a preparedness kit needs to contain items that meet your individual unique needs for an array of potential emergencies. Review the items below and consider which items you may have overlooked!

- Extra eyeglasses or hearing aids
- If possible, extra oxygen, insulin, catheters, or other regularly used medical supplies
- Hearing Aid Batteries
- Extra wheelchair batteries or battery chargers for other medical equipment
- A week supply of prescription medications with medication schedule/dosage
- Medical Alert Tags or Bracelets
- Supplies for service animal (water, food, leash, meds)
- A watertight container for important documents, emergency plan, contact list
- Identify a back-up service provider for any routine or life sustaining treatments administered by a clinic or hospital
- A list of style & serial number of medical devices
- If you have a communication related disability- note the best way to communicate with you
- Special instructions for operating assistance &/or medical equipment
- Copies of medical prescriptions
- Know the size & weight of your wheelchair, and whether it is collapsible in case transport is necessary
- Medical insurance card, Medicare/Medicaid Cards
- Toilet Paper
- Garbage Bags
- Extra set of keys/IDs
- Cash, Travelers checks/coins

Information adopted from the Department of Homeland Security’s Ready Campaign

Visit www.ready.gov for more information