

Be Ready for any Emergency

Emergencies can happen any time and without warning. Emergency and relief workers may not be able to reach you right away. Being prepared will minimize any hardships you might have to endure. Here are some tips to help you PREPARE now.

P



PLAN Ahead

When an emergency or disaster happens, you won't have much time to act. Have a plan for sheltering in your home and one if you have to evacuate. Make sure your plan includes contact numbers, medications, and health insurance information.

R



Identify Your RISKS

There are many different kinds of emergencies, such as weather, pandemic, or potential terrorist threats. Know what kinds of emergencies are likely to happen in your area and adapt your plan.

E



Gather Your EMERGENCY Supplies

You need enough water and shelf-stable meals for each person for three days. Make sure you have medications for a week. Flashlights, batteries, first aid kit, and a whistle are also helpful. See the back for a checklist!

P



PACK for You (and Your Pets)

Pack your emergency supplies in a suitcase or container with wheels. Be sure it has an ID tag. Consider packing two kits, one for sheltering at home and one for evacuation. Don't forget to include items your pets might need.

A



ACT Out Your Plan

Rehearse your plan with your family to make sure it works. Go over the escape routes out of your home and neighborhood. Practice driving evacuation routes and getting to your closest shelter. Know the safest place within your home for extreme weather, like tornadoes.

R



REMAIN Informed about Emergencies

Know about your community's emergency plans and how they include you. Find out what type of warning systems are in place. If an emergency does occur, stay calm and be patient. Watch TV or listen to the radio for official instructions.

E



ENLIST Help from Others

Create a support network of your friends, family, and neighbors. Exchange keys with them. Show them where you keep your emergency supplies. Know how to contact each other and have an alternative plan in the event phones aren't working.



Complete the top portion for every person in your household and keep with your emergency supplies. For information on ordering shelf-stable meals, call GA Foods at 866-575-2772.

Contact Information

Name:

Social Security Number:

Date of Birth:

Important Medical Information:

Out-of-town Contact Name:

Phone Number:

Email:

Evacuation Location:

Phone Number:

**Additional
Information****Name****Phone Number****Policy Number**

Doctor

Medical Insurance

Homeowners/Rental
Insurance

Veterinarian

Medication Information

Pharmacy:

Phone Number:

Medication Name

Dose

Frequency

Provider

EMERGENCY SUPPLIES CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Water (one gallon per person per day) | <input type="checkbox"/> Blanket or sleeping bag |
| <input type="checkbox"/> Shelf-stable food for at least 3 days
(contact GA Foods for ordering
information) | <input type="checkbox"/> Manual can opener |
| <input type="checkbox"/> Flashlight with extra batteries | <input type="checkbox"/> Multipurpose tool (with knife, pliers, etc.) |
| <input type="checkbox"/> Battery-operated radio with extra
batteries | <input type="checkbox"/> Plastic sheeting and duct tape (for
sheltering at home) |
| <input type="checkbox"/> First aid kit | Other items to consider: |
| <input type="checkbox"/> Whistle (to signal for help) | <input type="checkbox"/> Copies of personal documents |
| <input type="checkbox"/> Medications (7-day supply) | <input type="checkbox"/> Cell phone with extra battery and
charger |
| <input type="checkbox"/> Other medical items (such as hearing
aids, wheel chair batteries, oxygen) | <input type="checkbox"/> Cash (ATMs may not be accessible) |
| <input type="checkbox"/> Filter mask | <input type="checkbox"/> Extra set of keys |
| <input type="checkbox"/> Moist towelettes & garbage bags with
ties (for personal sanitation) | For Pets: |
| <input type="checkbox"/> Change of clothing (if cold climate,
include jacket, hat, mittens, & scarf) | <input type="checkbox"/> Food, water & medicine |
| | <input type="checkbox"/> Vaccination records |
| | <input type="checkbox"/> Collar, leash, ID tags |