



Los Angeles County Emergency Medical Services Agency

Disaster Preparedness: Your Family's Disaster Plan

“Prepare in Advance”
&
“Know what to do”

2006





Disaster Preparedness: Your Family's Disaster Plan

1. Pick two (2) places to meet...
 - a. Right outside your home: _____
 - b. Outside your neighborhood: _____

2. Home Escape Route: _____
Plan A: _____
Plan B: _____

3. Family Contact: _____
Name: _____ Relation: _____
Address: _____

Phone Number: _____

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4. Emergency Communication Plan: How will your family get back together: _____

Cell Phone Numbers of Family Members:

NAME	CELL#

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5. What is the School's Emergency Policy for each of your children?

Child's Name _____ Age _____

School _____

Address _____

Phone Number _____ Teacher _____

Grade Level _____

- Will this school
- a. Hold Children
 - b. Release Children
 - c. Authorize release to: _____

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6. Teach children how to dial 911

7. Family members should learn basic First Aid and CPR from the American Red Cross

8. All Adult Family Members should learn how to use their (ABC type) Fire Extinguisher – Fire Department

9. All Adult Family members should know the location of the Fire Extinguisher(s) in the home

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10. Post Emergency Numbers by Phone:

a. Fire: _____

b. Police: _____

c. Ambulance: _____

11. Practice your plan

a. Kids: Every six (6) months

b. Fire / Evacuation Drills: Twice per year

c. Drive Evacuation Route

d. Drive Alternate Route

12. Evacuation Route A: _____

Evacuation Route B: _____

13. Shelter Location:

Name: _____

Address: _____

Phone: _____

Post a message on your front door indicating where you can be found if you evacuate

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- 14. Replace Stored Food every six (6) months
- 15. Test smoke detectors once per month
- 16. Change Smoke Detector Batteries with Daylight Savings Time

Elderly / Disabled

17. List of Medications:

Dose:

Dose:

Dose:

Dose:

Dose:

Dose:

18. Allergies?

19. Special Needs:

20. Doctor's Name:

Phone#

Phone#



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21. Pharmacist's: _____

22. Family Contact: _____ Phone # _____

23. Keep Extra Medication in Emergency Supply Kits

24. Keep a Whistle nearby to signal for help

25. Two people who will check in on you after an emergency:

Name: _____ Phone# _____

Name: _____ Phone# _____

26. Obtain and wear Medical Alert Tags / Bracelets

Pets

Where will you take your pet if you have to go to a Public Shelter where pets are not permitted?

Shelter Name: _____

Address: _____

Phone #: _____

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Important Things To Do For Your Pet:

1. Update Pet's ID Tags
2. Store a 72 hour supply of Food / Water
3. Evacuation Kit for your Pet:
 - a. Unbreakable Dish
 - b. Veterinarian Records / Vaccination History
 - c. Restraint: leash / pet carriers
 - d. Medications with instructions
 - e. Photo of your Pet in case he/she is lost
4. Neighbor who can care for your Pet in case you cannot return to your home...for example, after an earthquake

Neighbor's Name: _____

Address: _____

Phone #: _____

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Do you have the following ?

1. Personal Supply Kits / Emergency Supplies:

Home: yes _____ no _____

Car: yes _____ no _____

Office: yes _____ no _____

2. Three (3) day supply of Food and Water:

yes _____ no _____

3. Smoke Detectors installed in your home:

Near Bedrooms: yes _____ no _____

On each level of
your home: yes _____ no _____

4. Fire Extinguisher (ABC Type):

Training from FD yes _____ no _____

5. Portable, battery operated Radio or Television and extra batteries

yes _____ no _____

6. Two (2) photocopies of vital documents: Marriage License, tax documents, insurance papers, copies of credit cards, etc.

- a. Original stored in a Safe Deposit Box
- b. Copy stored in a safe place at home
- c. Copy mailed to an out-of-town relative or friend

7. Inventory your home / garage / property with videotape, pictures, or written descriptions. Be sure to include important serial numbers, make and model numbers, and purchase prices. Store this record AWAY from your home.

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