

Los Angeles County Emergency Medical Services Agency

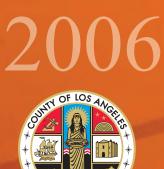
Disaster Preparedness: Your Family's Disaster Plan

"Prepare in Advance" & "Know what to do"





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:

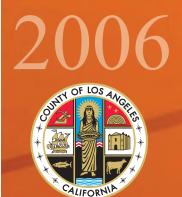




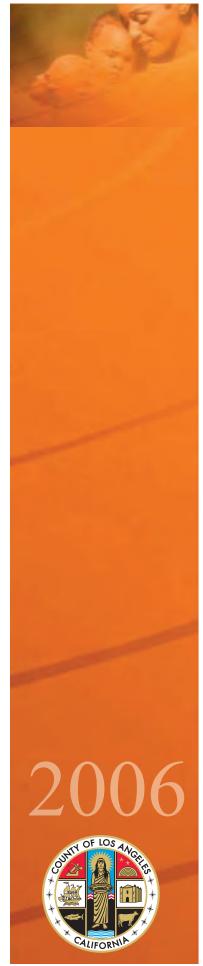
4. Emergency Communication Plan: How will your family get back together:

Cell Phone Numbers of Family Members:

NAME	CELL#







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

Child's Name	Age	
School		
Phone Number	Teacher	
Grade Level		
Will this school	a. Hold Children	
	b. Release Children	
	c. Authorize release to:	
	A = -	
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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	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:
	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 Extinguiser(s) in the home
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A.		
	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

List of Medications:		
	Dose:	
Allergies?		
Special Needs:		
Doctor's Name:		
	Phone#	
	Phone#	



Shelter Name:_____

Address: _____

Phone #:_____





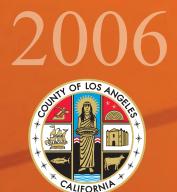


- 1. Update Pet's ID Tags
- 2. Store a 72 hour supply of Food / Water
- 3. Evacuation Kit for your Pet:
 - a. Unbreakable Dish
 - b. Veterinarian Records / Vaccination History
 - c. Restraint: leash / pet carriers
 - d. Medications with instructions
 - e. Photo of your Pet in case he/she is lost
- 4. 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 #:_____







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.

