My Pocket Plan
Create a valuable family emergency action plan
What is My Emergency Plan?

This is your My Pocket Plan which contains your personal emergency information. Take the time to work through this booklet and create a valuable family emergency action plan.

Include only the information that you are comfortable with. My Pocket Plan is to assist you and only you and your family. No one else needs to see it, or get information from it.

Use this booklet to create a record of your important information, from work and school phone numbers to insurance information to medical contacts and prescription details for every member of your family, all in one easy-to-find location.
How to use

*My Pocket Plan*

Take time with family members to discuss what information you will need in an emergency.

Put this completed booklet with your emergency medications in a safe, easy-to-access location. Consider making copies to put in multiple locations, such as in your go-kit, car and online.

**Emergency Preparedness**

1. Identify hazards in or around your home
2. Create a disaster action plan
3. Compile a disaster supply kit
4. Review the safety and structural integrity of your home
5. Protect yourself during a disaster
6. Evacuate, if necessary
7. Follow your plan
Personal information

» Full name: ________________________________
   Address: ______________________________________
   Phone: ______________________________________
   Phone: ______________________________________

» Local emergency management office: ________________________________

» Non-emergency police: ________________________________

» Employer: ________________________________
   Phone: ______________________________________

» School: ________________________________
   Phone: ______________________________________

» School: ________________________________
   Phone: ______________________________________

Two numbers to program into your mobile device:

• **In Case of Emergency (ICE):** Emergency personnel will look for your ICE listing to know who to contact.

• **1EQText:** This is your out-of-state contact who is able to receive text messages.
Who lives with you?

You may want to include pictures of people and pets that live with you.

» **Name:**
  Relationship:

» **Name:**
  Relationship:

» **Name:**
  Relationship:

» **Name:**
  Relationship:

» **Name:**
  Relationship:
Family emergency plan

» Local emergency contact name:

Phone:
Email:

» Out-of-state emergency contact name:

Phone:
Email:

» Phone or other contact information:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

TEXT MESSAGES can often get through when PHONE CALLS won’t.
Family emergency plan

» Neighborhood meeting place:


» Outside of neighborhood meeting place:


Location address:


» CERT or neighborhood watch contact:


Phone:

Email:

» Additional information:


Draw an outline of the floor plan of your home

• Mark two escape routes from each room.
• Where is the gas shut-off valve?
• Where is the water shut-off valve?
• Where are the oxygen tanks stored?
Draw a map or paste a map of your work or school

• Show evacuation routes, assembly areas, etc.
Draw a map or paste a map of your neighborhood

• Show evacuation routes, assembly areas, etc.
What kind of natural hazards are in your area?


Don’t assume that you have no natural hazards in your area just because there hasn’t been a disaster in recent memory. Knowledge and preparation can mean the difference between life and death.

• Know how to get alerts on a weather alert radio: Visit www.weather.gov/alerts
Family medical information

» Name:

Current medical conditions: (diabetes, heart issues, high blood pressure)

Pacemaker:  Yes   No   Type

Internal defibrillator:  Yes   No

Implants (location):

Additional information:

Religious preference (optional):

Known allergies:

Blood type:
Family medical information

» Name:

Current medical conditions: (diabetes, heart issues, high blood pressure)

Pacemaker: Yes  No  Type

Internal defibrillator: Yes  No

Implants (location):

Additional information:

Religious preference (optional):

Known allergies:

Blood type:
Family medical information

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Known allergies:

Blood type:
Family medical information

» Name:

Current medical conditions: (diabetes, heart issues, high blood pressure)

Pacemaker: Yes No Type

Internal defibrillator: Yes No

Implants (location):

Additional information:

Religious preference (optional):

Known allergies:

Blood type:
Family doctor information

» Doctor or health practitioner name:

Clinic/Hospital name:

Phone:

Email:

Location/address:

» Doctor or health practitioner name:

Clinic/Hospital name:

Phone:

Email:

Location/address:

» Doctor or health practitioner name:

Clinic/Hospital name:

Phone:

Email:

Location/address:
Pharmacy information

» Pharmacy name: ________________________________

Location: ____________________________________

Phone: _______________________________________

Email: _______________________________________

» Pharmacy name: ________________________________

Location: ____________________________________

Phone: _______________________________________

Email: _______________________________________

» Pharmacy name: ________________________________

Location: ____________________________________

Phone: _______________________________________

Email: _______________________________________
Immunization record

<table>
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<th>Type of vaccine</th>
<th>Date given (mo/day/yr)</th>
<th>Health professional or clinic</th>
<th>Date of next dose (mo/day/yr)</th>
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</table>
Current prescription medications

• Write or paste your prescription labels here

  » Name of drug: __________________________

  Date prescribed: __________________________
  Prescribing doctor: ________________________
  Dosage: ________________________________

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  Date prescribed: __________________________
  Prescribing doctor: ________________________
  Dosage: ________________________________

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  Dosage:

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  Date prescribed:

  Prescribing doctor:

  Dosage:
Current prescription medications

• Write or paste your prescription labels here

» **Name of drug:**

________________________________________________________

Date prescribed: _________________________________________

Prescribing doctor: _______________________________________

Dosage: _________________________________________________

» **Name of drug:**

________________________________________________________

Date prescribed: _________________________________________

Prescribing doctor: _______________________________________

Dosage: _________________________________________________

» **Name of drug:**

________________________________________________________

Date prescribed: _________________________________________

Prescribing doctor: _______________________________________

Dosage: _________________________________________________
Current over-the-counter medications
Vitamins, aspirin, herbal supplements, antacids, etc.

- Write or paste labels here

If you feel an earthquake, remember to DROP, COVER and HOLD ON!
Insurance carriers

» **Company:**

(Check one)

☐ Medical       ☐ Dental       ☐ Vision
☐ Homeowner     ☐ Renter       ☐ Automobile

Phone: ___________________________

Website: ___________________________

Email: ___________________________

Insurance ID #: ___________________________

Insurance Group #: ___________________________

» **Company:**

(Check one)

☐ Medical       ☐ Dental       ☐ Vision
☐ Homeowner     ☐ Renter       ☐ Automobile

Phone: ___________________________

Website: ___________________________

Email: ___________________________

Insurance ID #: ___________________________

Insurance Group #: ___________________________
Insurance carriers

» **Company:**

(Check one)

☐ Medical  ☐ Dental  ☐ Vision
☐ Homeowner  ☐ Renter  ☐ Automobile

Phone:

Website:

Email:

Insurance ID #:

Insurance Group #:

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Phone:

Website:

Email:

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Insurance Group #:
Insurance carriers

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Website: _________________________

Email: __________________________

Insurance ID #: __________________

Insurance Group #: ______________

» **Company:**

(Check one)

☐ Medical  ☐ Dental  ☐ Vision
☐ Homeowner  ☐ Renter  ☐ Automobile

Phone: ____________________________

Website: _________________________

Email: __________________________

Insurance ID #: __________________

Insurance Group #: ______________
Pet information

» Type of animal: 

Name of animal: 

Medical conditions or medications of pet: 

Name of veterinarian: 

Phone: 

Website/email: 

» Type of animal: 

Name of animal: 

Medical conditions or medications of pet: 

Name of veterinarian: 

Phone: 

Website/email:
Pet information

» Type of animal:

Name of animal: 

Medical conditions or medications of pet: 

Name of veterinarian: 

Phone: 

Website/email: 

» Type of animal:

Name of animal: 

Medical conditions or medications of pet: 

Name of veterinarian: 

Phone: 

Website/email: 
Basic emergency kit

» Location of emergency Kit:

☐ Water, 14-gallons per person (one gallon per person per day)
☐ Food (14-day supply) for each person
☐ Radio, battery-powered or hand-crank
☐ Flashlight and extra batteries
☐ First aid kit
☐ Whistle to signal for help
☐ Dust mask
☐ Moist towelettes
☐ Wrench or pliers to turn off utilities
☐ Manual can opener for food
☐ Local maps
☐ Cell phone and chargers
☐ Seasonal jacket
Additional items for emergency kit

- Prescription eyeglasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents (insurance papers, birth certificates, bank records, etc.)
- Cash (small values, such as $5 or $10)
- Emergency reference material (first aid books)
- Sleeping bag or warm blankets
- Complete change of clothing
- Household chlorine bleach, unscented and soap free (change every 6 months along with water)
- Fire extinguisher
- Matches in a waterproof container or a lighter
- Feminine supplies and personal hygiene items
- Toilet paper
- Plastic bags for sanitation
- Mess kits, paper cups and plates
- Paper and pencil
- Games, books, puzzles or other activities
Resources

Want to know more about family preparedness?

- **American Red Cross**, www.redcross.org
- **FEMA**, www.ready.gov

Want to know more about earthquakes and tsunami?

- www.OregonTsunami.org

Want to know about being firewise?

- **Oregon Department of Forestry**, www.Oregon.gov/ODF

Want to know more about severe weather?

- **National Weather Service**, www.weather.gov

Want to more about pandemics?

- **Centers for Disease Control and Prevention**, www.cdc.gov

Want to know how to help your pets during an emergency?

- **American Humane Society**, www.humanesociety.org
My Pocket Plan
was created as a personal
preparedness tool by:
Federal Emergency Management Agency
Oregon Office of Emergency Management
Coos County Emergency Management

Once you have completed
My Pocket Plan,
let us know by sending an email:
public.info@state.or.us

You’ll receive a preparedness certificate
signed by the Oregon governor.

DO NOT send us Your Pocket Plan,
only an email stating you completed it.
The plan is for your use only.
Oregon Office of Emergency Management

Phone: 503-378-2911

Websites

www.Oregon.gov/OEM
www.facebook.com/OMDOEM
www.Ready.gov