

# My Pocket Plan

Create a valuable family  
emergency action plan

**2**   
**WEEKS**  
**READY**

# 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: \_\_\_\_\_

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Relationship: \_\_\_\_\_

» **Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

» **Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_



# Family emergency plan

» **Local emergency contact name:**

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Phone:

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Email:

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» **Out-of-state emergency contact name:**

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Phone:

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Email:

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» **Phone or other contact information:**

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TEXT MESSAGES can often get through when PHONE CALLS won't.

# Family emergency plan

» **Neighborhood meeting place:**

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» **Outside of neighborhood meeting place:**

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Location address:

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» **CERT or neighborhood watch contact:**

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Phone:

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Email:

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» **Additional information:**

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# **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?

**Tornado? Flood? Earthquake?  
Wildfire? Tsunami? Winter Storm?**

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](http://www.weather.gov/alerts)



# Family medical information

» **Name:**

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

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Pacemaker: Yes No Type

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Internal defibrillator: Yes No

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Implants (location):

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Additional information:

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---

---

---

Religious preference (optional):

---

Known allergies:

---

---

---

Blood type:

---

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Internal defibrillator: Yes No \_\_\_\_\_

Implants (location): \_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious preference (optional): \_\_\_\_\_

Known allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood type: \_\_\_\_\_

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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: \_\_\_\_\_  
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Clinic/Hospital name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Location/address: \_\_\_\_\_  
\_\_\_\_\_



# Pharmacy information

» **Pharmacy name:** \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

» **Pharmacy name:** \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

» **Pharmacy name:** \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_





# Current prescription medications

- Write or paste your prescription labels here

» **Name of drug:** \_\_\_\_\_

\_\_\_\_\_

Date prescribed: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Dosage: \_\_\_\_\_

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\_\_\_\_\_

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Date prescribed: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Dosage: \_\_\_\_\_

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\_\_\_\_\_

Date prescribed: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Dosage: \_\_\_\_\_



# 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 #: \_\_\_\_\_

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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 #: \_\_\_\_\_

» **Company:** \_\_\_\_\_

(Check one)

Medical

Dental

Vision

Homeowner

Renter

Automobile

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_

# Pet information

## » **Type of animal:**

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Name of animal:

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Medical conditions or medications of pet:

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Name of veterinarian:

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Phone:

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Website/email:

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## » **Type of animal:**

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Name of animal:

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Medical conditions or medications of pet:

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---

Name of veterinarian:

---

Phone:

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Website/email:

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# 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: \_\_\_\_\_

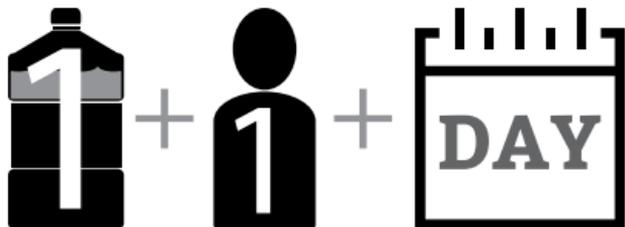
Website/email: \_\_\_\_\_

# Basic emergency kit

## » Location of emergency Kit:

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- 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](http://www.redcross.org)
- **FEMA**, [www.ready.gov](http://www.ready.gov)

Want to know more about earthquakes and tsunami?

- [www.OregonTsunami.org](http://www.OregonTsunami.org)

Want to know about being firewise?

- **Oregon Department of Forestry**, [www.Oregon.gov/ODF](http://www.Oregon.gov/ODF)

Want to know more about severe weather?

- **National Weather Service**, [www.weather.gov](http://www.weather.gov)

Want to know more about pandemics?

- **Centers for Disease Control and Prevention**, [www.cdc.gov](http://www.cdc.gov)

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

- **American Humane Society**, [www.humanesociety.org](http://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](http://www.Oregon.gov/OEM)

[www.facebook.com/OMDOEM](http://www.facebook.com/OMDOEM)

[www.Ready.gov](http://www.Ready.gov)