

My Emergency Action Plan

My name: _____ Date of birth: _____ Age: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Significant illness or health history: _____

Advance Directive: No Yes (attach copy if applicable) Blood type: _____

List of medications (copy attached) Allergies: _____

Emergency Contacts and/or Next of Kin:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Power of Attorney Name: _____ Phone #: _____

Primary Doctor: _____ Phone #: _____

Other Doctor(s): _____ Phone #: _____

Other Emergency Phone Numbers:

SERVICE TYPE	NAME	PHONE #
Police		
Fire Department		
Preferred Hospital		
Preferred Ambulance		
Electric Company	PECO Energy Company	1-800-841-4141
Gas Company	Philadelphia Gas Works Gas Leak Emergencies Only	1-215-235-2050 1-215-235-1212
Water Company	Aqua Pennsylvania Emergencies between 5PM- 7:30 AM; weekends and holidays	1-800-711-4779 1-610-525-1402
Heating Company		
DME/ Supplies		
Other:		

In the event of evacuation, I prefer to: stay at home go to a public shelter

go to a family members home (specify family member name and address)

go to another safe place (explain): _____

Designated family meeting place: _____

How well I move (walk on my own, use cane or walker, wheelchair, bedbound):

Other special needs I have (glasses, hearing aids, communication or language assistance):

Medical supplies I use: _____

Special equipment I use (oxygen, nebulizer, insulin pump, IV equipment, blood monitors):

Transportation arrangements needed: _____

Additional information: _____

Below is a checklist of items to have on hand in case of emergency:

- A three-day supply of bottled water. Each person in your home needs at least one gallon each day for drinking and bathing.
- A three-day supply of foods that won't spoil and that do not require cooking. Be sure to have a manual can opener available.
- A seven-day supply of medicines and your medicine list
- A seven-day supply of medical supplies
- Medical equipment with information on how it is used and extra batteries if needed.
- Extra eye glasses, contacts, and hearing aids
- Battery-powered radio and extra batteries
- Flashlights and extra batteries. Do not use candles, as they are a fire hazard.
- Charged cell phone with additional portable chargers
- Standard telephone (that does *not* need to be plugged into an electric outlet) by your bed and in each room, if possible.
- First aid kit
- Sturdy shoes or work boots, at least two pairs heavy socks, hats and gloves
- Extra clothing and blankets
- Rain gear
- Cash (ATMs may not work during an emergency)
- Assorted sizes of re-closeable plastic bags for storing food, or waste.

Keep copies of important papers in a labeled water-proof container or reclosable plastic bag:

- Recent family photos including photos of pets
- Copies of Medicare/ Medicaid and health insurance cards
- Your medicine list including any allergies or sensitivities
- Your advance directive or living will
- Copies of birth certificates
- Copies of drivers' licenses
- Copies of homeowner and car insurance policies
- Bank account numbers
- Local and state maps
- Pre-paid phone cards