

Disaster Planning Guide

Name _____ **Age** _____
Address _____
Phone _____ **SS#** _____ **Birthdate** _____
#1 Health Insurance Comp _____
Policy # _____ **Phone #** _____
#2 Health Insurance Comp. _____
Policy # _____ **Phone #** _____
Primary MD _____ **Phone** _____
Address _____
Pharmacy _____ **Phone** _____
Address _____
Closest Hospital Name _____
Address _____ **Phone** _____
Hospital #2 _____ **Phone** _____
Hospital #3 _____ **Phone** _____
Loved one's neighbor _____ **Phone** _____
Neighbor #2 _____ **Phone** _____
Neighbor #3 _____ **Phone** _____
Close Friend _____ **Phone** _____
Evacuation shelter #1 _____ **Phone** _____
Shelter #2 _____ **Phone** _____
Handy Man _____ **Phone** _____
Lawn Maintenance _____ **Phone** _____
Tree trimming _____ **Phone** _____
Roofing Co. _____ **Phone** _____
Septic Co. _____ **Phone** _____
Pool Maintenance _____ **Phone** _____
Housekeeper _____ **Phone** _____
Banking Institution _____ **Phone** _____
Local Post office _____ **Phone** _____
Home Owners Insurance Co. _____ **Phone** _____
Auto Insurance Co. _____ **Phone** _____
Make / Model / year of Loved One's Car _____
Local police station _____ **Phone** _____
Local fire station _____ **Phone** _____
Ambulance _____ **Phone** _____
Electric / Gas Co. _____ **Phone** _____
Water / Sewer _____ **Phone** _____
Phone Co. _____ **Phone** _____
Cable / Internet _____ **Phone** _____
Pet Name _____ **Breed** _____
Veterinarian _____ **Phone** _____
Preferred kennel _____ **Phone** _____