

Emergency Go-Kit Passport



Central U.S. Earthquake Consortium
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Emergency Go-Kit Passport

How to use this Emergency Go-Kit Passport

The Go-Kit Passport can be filled out with information that may be valuable in the event of an emergency situation or following a disaster such as an earthquake, severe weather event, etc.

Take time with your family to fill this passport with information you will need and if you have children, have them help you fill it out and discuss the importance of being prepared for emergencies.

Use this passport to create a record of your important information. Keep current medical and communication information in one easy-to-find location.

Put this passport with your emergency medications in your refrigerator or in your go-kit. You can also keep a copy in your glove box, at work, etc.

Seven Step Emergency Action Plan

1. Identify hazards in or around your home
2. Create a Disaster Action Plan
3. Prepare emergency go-kits
4. Identify weaknesses
5. Protect yourself during a disaster
6. Evacuate, if necessary
7. Follow your plan

Personal Information

Full Name:

Address:

Home Phone Number:

Mobile Phone Number:

Local Emergency Management:

Non-Emergency Police:

School Name:

Phone Number:

Employer Name:

Phone Number:

Employer Name:

Phone Number:

Who lives with you?

Name:

Relationship:

Photo:



Include pictures of anyone, including pets that live with you.

Who lives with you?

Name:

Relationship:

Photo:



Include pictures of anyone, including pets that live with you.

Family Emergency Plan

Emergency Contact Name:

Phone Number:

Email:

Out-of-Town Contact Name:

Phone Number:

Email:

Neighborhood Meeting Place:

Phone Number:

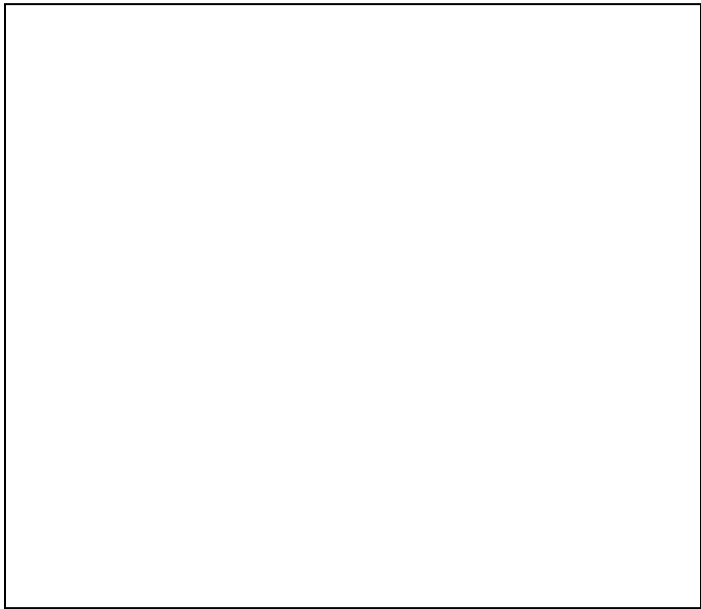
Neighborhood Watch/CERT Contact:

Phone Number:

Additional Information:

Family Emergency Plan

Draw or paste a floor plan of your house on this page.
Mark two escape routes from each room.



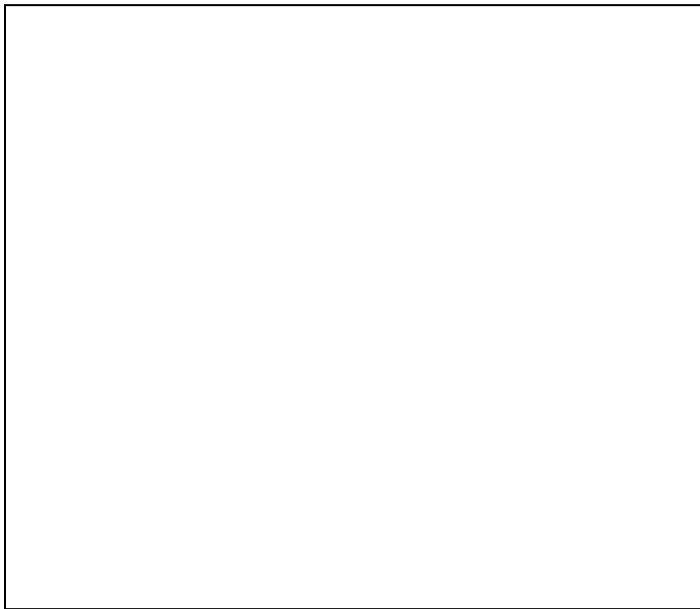
Where is the gas shut-off valve?

Where is the water shut-off valve?

Where are the oxygen tanks stored?

Family Emergency Plan

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

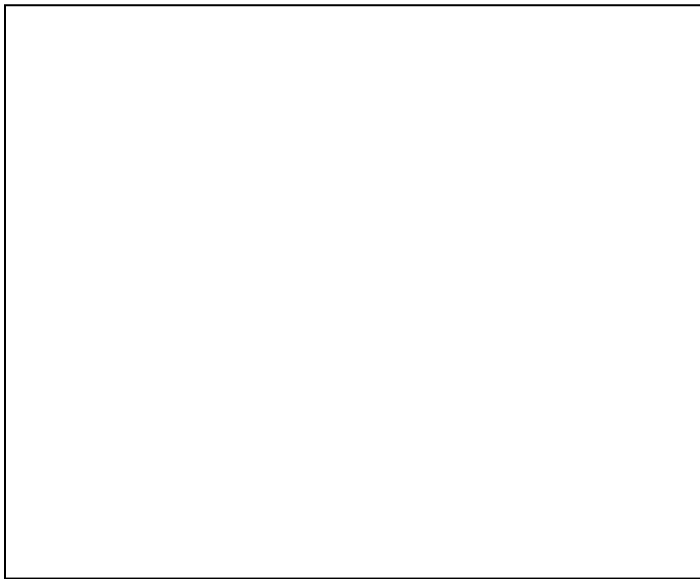


Know what kind of natural hazards may affect you and learn how to get emergency alerts.

Tornado? Flood? Earthquake? Ice Storm?

Family Emergency Plan

Draw or paste a map of your work or school on this page. Show evacuation routes, assembly areas, etc.



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

Personal Information

Current Medical Conditions:
(Diabetes, Cardiac, High Blood Pressure)

Known Allergies:

Blood Type:

Pace Maker: Yes No

Internal Defibrillator: Yes No

Implants (location)

Advance Medical Directive? Yes No

Organ Donor? Yes No

Additional Information:

Your Doctors' Information

Doctor's Name:

Clinic / Hospital Name:

Phone Number:

Doctor's Name:

Clinic / Hospital Name:

Phone Number:

Doctor's Name:

Clinic / Hospital Name:

Phone Number:

Doctor's Name:

Clinic / Hospital Name:

Phone Number:

Your Pharmacy Information

Pharmacy Name:

Phone Number:

Pharmacy Name:

Phone Number:

Pharmacy Name:

Phone Number:

Pharmacy Name:

Phone Number:

Current Prescription Medications

(Write or paste your prescription labels here)

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Current Prescription Medications

(Write or paste your prescription labels here)

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Current Prescription Medications

(Write or paste your prescription labels here)

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Medication Name:

Date of Rx:

Prescribing Doctor:

Dosage:

Times per day:

Current Over-the-Counter Medications

(Write or paste label here)

(Vitamins, Aspirin, Herbal Supplements, Antacids, etc.)

Your Insurance Carrier

Company Name:

Circle One: Medical | Dental | Vision | Homeowner | Renter | Automobile

Phone Number:

Insurance ID #:

Insurance Group #

Company Name:

Circle One: Medical | Dental | Vision | Homeowner | Renter | Automobile

Phone Number:

Insurance ID #:

Insurance Group #

Company Name:

Circle One: Medical | Dental | Vision | Homeowner | Renter | Automobile

Phone Number:

Insurance ID #:

Insurance Group #

Your Insurance Carrier

Company Name:

Circle One: Medical | Dental | Vision | Homeowner | Renter | Automobile

Phone Number:

Insurance ID #:

Insurance Group #

Company Name:

Circle One: Medical | Dental | Vision | Homeowner | Renter | Automobile

Phone Number:

Insurance ID #:

Insurance Group #

Company Name:

Circle One: Medical | Dental | Vision | Homeowner | Renter | Automobile

Phone Number:

Insurance ID #:

Insurance Group #

Your Pet Information

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone Number:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone Number:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone Number:

Your Pet Information

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone Number:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone Number:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone Number:

Basic Emergency Kit

- Water, one gallon per person per day
- Food, at least a three-day supply
- Radio, battery powered or hand crank
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust masks
- Moist towelettes
- Wrench or pliers to turn off utilities
- Can opener for food
- Local maps
- Cell phone and chargers
- Paper copy of important contacts, records, etc.

Location of Emergency Kit:

Keep prescription medicines and this passport in the door of your refrigerator or other safe location.

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)
- Cash, pre-loaded debit cards, travelers checks, etc.
- Emergency reference material such as first aid books
- Sleeping bag or warm blankets
- Complete change of clothing
- Household chlorine bleach
- Fire extinguisher
- Matches in a waterproof container or a lighter
- Personal hygiene items
- Mess kits, paper cups and plates
- Paper and pencil
- Games, books, puzzles, or other activities

This is not a complete list. Please add additional items that may be needed for your family.

Be Storm Savvy

Every state is vulnerable to a variety of severe weather hazards which may include tornadoes, flash floods, hail and wind storm, ice storms, heavy snow and extreme heat. It's important to think ahead so you'll be ready to handle different situations.

- Think about what you'll do to stay safe if severe weather strikes.
- Have multiple ways to get National Weather Service watches and warnings. Remember that a **WATCH** means severe weather is possible, A **WARNING** means severe weather is happening and you need to seek shelter immediately.
- Get a battery-operated NOAA All Hazards Weather Radio and program it to receive warnings for your county. The alarm tone from a weather radio can alert you to dangerous weather even when you're sleeping or not watching television, 24 hours a day.
- Utilize text message warning programs, smart phone apps and other methods of warning if possible.
- Make sure your family knows what to do, even if you're not at home. Practice your plan at least once a year.
- Severe weather can happen any time of year, at any time of the day or night. Pay close attention to your local weather information any time storms are in the forecast.

Tornadoes and High Wind

Tornadoes and high wind can damage buildings, knock down trees and power lines and destroy vehicles, but the biggest danger from a tornado is flying and falling debris. Even small objects can inflict serious injuries when blown by tornado winds. If a tornado warning is issued for your area or if you feel threatened, act quickly to stay safe!

These three basic guidelines are the key to tornado survival:

GET IN

Get as far inside a sturdy building as you can. Put as many walls between you and the tornado as possible. Stay away from doors and windows.

GET DOWN

If you can't get underground, go to the lowest floor of a sturdy building.

COVER UP

Protect your body, especially your head, from debris and falling objects. Use pillows, blankets, sleeping bags, a mattress and even helmets to cover up.

People in mobile homes and in vehicles are in even more danger when a tornado strikes. Be weather aware and plan ahead on days when severe weather is possible in your area.

Earthquakes

Before an earthquake:

- Assemble an emergency preparedness kit.
- Have a family emergency plan and identify a safe place to take cover, such as under a sturdy table or desk.
- Secure heavy objects and falling hazards such as bookcases, hanging picture frames and other items inside or outside your home or office.
- Contact your insurance agent to review existing policies and to inquire about earthquake insurance.
- Sign up for Earthquake Notifications from the US Geological Survey and as learn about the other products and services they provide.

During an earthquake:

- In most situations, you can reduce your chance of injury if you “Drop, Cover and Hold On” - **DROP** where you are, onto your hands and knees. **COVER** your head and neck with one arm. Crawl under a sturdy table or desk if one is nearby, if it isn't crawl next to an interior wall. **HOLD ON** until the shaking stops.
- Stay away from glass or bookshelves, mirrors or other items that could fall.
- If outside: stand in an open area away from underpasses and overpasses, buildings, trees, telephone, and electrical lines.

Useful Contact Information

Police, Fire, and Emergency Medical	911
Community Services	211
Local Poison Control Center	800-222-1222
Local Emergency Management Agency	_____
State Emergency Management Agency	_____
Local Health Department	_____
Local Road Conditions	_____
Phone Company	_____
Electric Company	_____
Gas Company	_____
Water Company	_____
Mental Health Services	_____
American Red Cross	866-GET-INFO
The Salvation Army	800-SAL-ARMY

For more in-depth disaster preparedness information, visit:

American Red Cross.....	www.redcross.org
Centers for Disease Control.....	www.cdc.gov
Central U.S. Earthquake Consortium.....	www.cusec.org
FEMA.....	www.fema.gov
National Weather Service.....	www.weather.gov
State EMAs.....	www.fema.gov/emergency-management-agencies
State Road Conditions.....	www.fhwa.dot.gov/trafficinfo
Ready.Gov.....	www.ready.gov
The Salvation Army.....	www.salvationarmyusa.org

Notes

This Emergency Go-Kit Passport was originally developed by the Oklahoma Department of Emergency Management, contents used with permission. Printing of this publication was funded by the United States Department of Homeland Security, Federal Emergency Management Agency, under the National Earthquake Hazards Reduction Program. Revised October 2019.

The safety information contained in this brochure was compiled from many sources. The Central U.S. Earthquake Consortium is not responsible and assumes no liability for any actions undertaken by any person utilizing information contained herein or liability for any injury, death or property loss which occurs in connection with an earthquake or any other disaster or for any other reason.

