

EMERGENCY PREPAREDNESS PLANNING

Supplies you need on hand to shelter in place or evacuate!

Date: _____

Keep this form on your refrigerator.

Pills

List your medications, including dosage:

Purse/Wallet/Phone

Keep your purse, wallet, and phone in the same spot so they are easy to access in an emergency. List where you keep them:

Purse/Wallet: _____

Phone: _____

Pets

List the supplies you need to care for your pet(s) for 3-7 days, such as leash, carrier, food, bowls, cat litter, toys, medicine:

Personal Items

What else is important for you to plan for in an emergency? This could include transportation, power for assistive devices, photos, portable air pumps for wheelchair tires, etc. Write your plan:

Contacts

Emergency Contact: _____ **Phone:** _____

Family/Friend/Support Person: _____ **Phone:** _____

Physician: _____ **Phone:** _____

Other Contacts: _____ **Phone:** _____

Other Contacts: _____ **Phone:** _____

Be Informed! Sign up for Alerts: www.LenaweeAlerts.com

PLANNING FOR A POWER OUTAGE

During the February 2023 ice storm, more than 30,000 people in Lenawee lost power. Thousands were still without power for more than 5 days.

Who is your electricity provider? _____

What is the phone number (or website) to find out when the service will be restored?

Water

Does the water in your home come from a well? Yes No

If you are on a well, you won't have access to running water when the power goes out. How will you prepare when a power outage is predicted? **Check all that apply:**

- Fill the tub with water. Have a bucket handy to flush the toilet.
- Fill water bottles with water for drinking.
- Go somewhere with power, like a friend's house or library.

Temperature Control

If the power goes out on a very cold or very hot day, **where will you go to stay warm or cool and how will you get there?** Make sure to plan for accessible transportation if you rely on a wheelchair to get around.

Name of person/place you will go:

Name & phone number of transportation provider:

Oxygen

Are you on oxygen? Yes No

Oxygen supplier information:

Name _____

Phone number _____

Wheelchair

Do you use a powered wheelchair?

Yes No

How long does the charge last? _____

Medication

Do you have medication that requires refrigeration? You can find out from your pharmacist or physician how long it will last without refrigeration.

Medication _____ How long is it good without refrigeration? _____

Medication _____ How long is it good without refrigeration? _____