

To be better prepared as a nation, we ALL must do our part to plan for disasters. Individuals with or without disabilities can decrease the impact of a disaster by taking steps to prepare BEFORE an emergency occurs.

“Strengthen emergency preparedness with respect to individuals with disabilities.”
Executive Order of the President
George W. Bush

EMERGENCY PLAN

For People with Disabilities

This plan is being completed for the following individual/family:

First Contact Name _____

Telephone Number _____

Email Address _____

Relationship _____

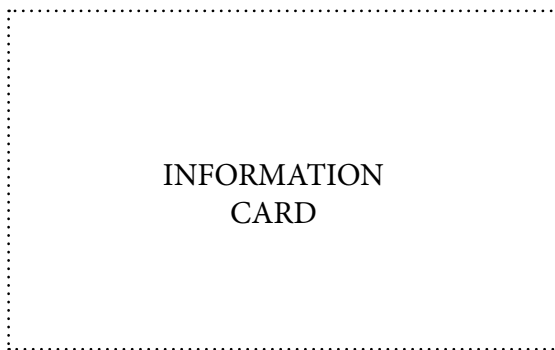
Second Contact Name _____

Telephone Number _____

Email Address _____

Relationship _____

EMERGENCY
CONTACTS



MSCOD and EquipALife partnered to develop this disability-focused emergency preparedness plan. Thanks to Ready.PA (www.readypa.org) for sharing resources.



Your Policy, Training and Technical Resource

121 East 7th Place, Suite 107, St. Paul,
MN 55101

Phone: 651-361-7800 (v/tty)

Toll-free: 800-945-8913 (v/tty)

council.disability@state.mn.us

www.disability.state.mn.us

MEDICATIONS

Name of Medication: _____

Reason for Taking: _____

Dose and Schedule: _____

Name of Medication: _____

Reason for Taking: _____

Dose and Schedule: _____

Name of Medication: _____

Reason for Taking: _____

Dose and Schedule: _____

Name of Medication: _____

Reason for Taking: _____

Dose and Schedule: _____

Name of Medication: _____

Reason for Taking: _____

Dose and Schedule: _____

MEDICAL CONDITIONS

Include information such as diabetes, heart condition, etc

Condition/disability

Condition/disability

Condition/disability

Condition/disability

ALLERGIES

Non-Life Threatening Allergy: _____

What Happens: _____

Non-Life Threatening Allergy: _____

What Happens: _____

Non-Life Threatening Allergy: _____

What Happens: _____

Life Threatening Allergy: _____

What Happens: _____

Life Threatening Allergy: _____

What Happens: _____

MEDICAL EQUIPMENT

Include information such as wheelchairs, crutches, oxygen, etc

Type of Equipment

Type of Equipment

Type of Equipment

Type of Equipment



Photo by Mark LaCroix

IMPORTANT INFORMATION

 Doctor's Name

 Telephone

 Address

 Other Doctor

 Telephone

 Address

 Pharmacist

 Telephone

 Email

 Medical Insurance

 Telephone

 Policy/Account number

 Life Insurance

 Telephone

 Policy/Account number

 Home/Rental Insurance

 Telephone

 Policy/Account number

 Personal Care Attendant

 Telephone

 Email

 Service Animal Name

 Breed

 Vaccination dates

 Veterinarian Info

 Telephone

 Email

 Kennel Info

 Telephone

 Contact name



©Doug Knutson, Knutsonphoto.com

FARMERS/RANCHERS PREPAREDNESS

Have you prepared a detailed plan of action? If so, is it attached to this document?	Yes	No
Have you assembled a peer support group? If so, is list of names & numbers attached to this document?	Yes	No
Do you need assistance during an evacuation? If so, have you contacted or registered with your local fire or police department?	Yes	No
Have you contacted friends or family members within 15 to 40 miles to make emergency arrangements for temporary livestock care?	Yes	No
Do you have legal and adequate markings on your livestock in order to prove ownership?	Yes	No
Have you prepared a livestock disaster box with ropes, halters, concentrated feed, medicines, copies of ownership papers, buckets or feed nets, garden hose, flashlight or lantern, blankets or tarps, portable radio and spare batteries, and livestock first aid supplies?	Yes	No

DO NOT FORGET TO COMPLETE YOUR GO BAG!

- First aid kit, meds, special items
- Extra glasses or contacts
- Water, food, can opener
- Radio, flashlight, batteries
- Whistle, candles, matches/ lighter
- Clothing, rain gear, sturdy shoes
- Personal Care Products (soap, etc.)
- Copies of this and other important documents in waterproof container.

What is missing in your Go Bag? List items here

- _____
- _____
- _____
- _____