Packing Your Emergency Kit

- Water (one gallon per person per day for three days)
- Food (three day supply; nonperishable)
- Manual can opener
- Flashlight and extra batteries
- Portable radio (hand crank is best)
- Clothes, blankets, personal hygiene items
- Medications (one week supply)
- Extra eye glasses and/or batteries for hearing aids
- Personal communication board or tablet if you might need help talking to others
- If you use a motorized wheelchair, include a battery charger/manual wheelchair for backup

Prep for Pets

- Pet food and water—three day supply
- Medications
- Crate or carrier, leash, bedding, toys
- Medical records and license/microchip numbers
- Collar and ID tag

Important Papers

- Photo ID
- Medical Insurance Card
- Insurance Policies
- Bank/Credit Card Information
- Birth Certificate/ Marriage Certificate

Helpful Resources

**County Phone Numbers**
Health Department: 410-313-6300
Maryland Access Point: 410-313-1234
Police (non-emergency): 410-313-2200

**For More Information:**
- [https://www.howardcountymd.gov/Departments/Health/Emergency-Preparedness](https://www.howardcountymd.gov/Departments/Health/Emergency-Preparedness)
- [www.ready.gov/individuals-access-functional-needs](http://www.ready.gov/individuals-access-functional-needs)
- [www.emergency.cdc.gov/preparedness/index.asp](http://www.emergency.cdc.gov/preparedness/index.asp)

Planning for emergencies can be intimidating, especially for community members with chronic medical conditions, communication barriers, and mobility issues. This guide can help you make a plan that works for you.

My Personal Emergency Plan

_____________________________
Your Name
Find someone you can depend on to serve as your Preparedness Pal. This is someone who knows your needs, will check on you in an emergency, and can help you to get to safety. Involve them in making your plan.

**Preparedness Pal**

Name:____________________________
Phone:____________________________
Email:_____________________________

How about an out-of-state relative or friend who may not be affected by the same emergency?

Name:____________________________
Phone:____________________________
Email:_____________________________

What my Pal needs to know (chronic conditions, special needs, etc.) :

Allergies (Food, Medicines, Other):

**Essential Info**

**Medicines I Take (how much and when):**

_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________
_______________________________________

**Equipment and Supplies I Need:**

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

**Primary Care Physician:**

Name:________________________________
Phone:________________________________

**My Pharmacy:**

______________________________________
______________________________________
______________________________________

**Other Providers:**

______________________________________
______________________________________

**Special Transportation Needs:**

______________________________________
______________________________________
______________________________________

Keep your medical alert tag with you. Write a description of your support needs in case you cannot describe them in an emergency.