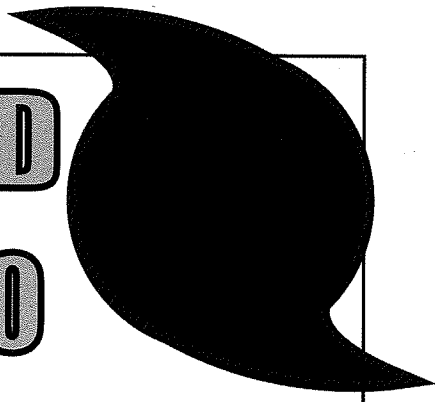


GOOD TO GO

Hurricane Evacuation Kit



PLAN

- **Create** a support team, both in your town and away from home
- **Plan** a ride if you need to evacuate
- **Organize** your personal information
- **Write** a How-To-Help-Me card
- **Make** a Good-To-Go Evacuation bag
- **Make** a Good-To-Go Evacuation bag for your service animal
- **Develop** an evacuation plan for your pets

BEFORE

- **Listen** to the radio or TV; stay updated if there is a storm
- **Check** your Good-To-Go evacuation bag
- **Grab** your Good-To-Go Kit off the refrigerator
- **Charge** all of your battery powered devices
- **Connect** with your local support team about plans to evacuate
- **Contact** authorities about shelters and transportation
- **Call** your non-local support team and tell them your plans
- **Leave** town with time to spare

DURING

- **Stay** calm, and try to be patient
- **Identify** yourself to shelter staff as a person who needs support
- **Ask** for what you need
- **Explain** the type of support you need to shelter staff
- **Take** responsibility for yourself

AFTER

- **Wait** until it is safe to return
- **Check** to see if your service providers are available
- **Contact** your support team
- **Don't** go home until all services are available: electricity, gas, water, food, trash, emergency services, and other health services

My Emergency Support Team

List people (family, friends, neighbors, service providers) who have agreed to be part of your emergency support team. Support team members will help you plan and prepare for an emergency, like an evacuation. It's important that people on your support team know about and understand how to assist with your special disability or health-related needs. And, it's important to stay in touch with all of your support team members to make sure they're still available to help.

Local Emergency Support Team Members:

Name _____
Phone number(s): Home _____ Work: _____ Cell: _____

Name _____
Phone number(s): Home _____ Work: _____ Cell: _____

Name _____
Phone number(s): Home _____ Work: _____ Cell: _____

Name _____
Phone number(s): Home _____ Work: _____ Cell: _____

Non-Local Emergency Support Team Members:

Name _____ Relationship _____
Address _____ City _____ State _____
Phone number(s): Home _____ Work: _____ Cell: _____
Email Address: _____

Name _____ Relationship _____
Address _____ City _____ State _____
Phone number(s): Home _____ Work: _____ Cell: _____
Email Address: _____

Continue on back or use more pages if you need to.

Medicine List: prescription and over-the-counter-medicines

Medicine Name: _____

Describe the pill (what color, shape, size, etc.)

What do you take it for?

Which doctor prescribed it?

Which pharmacy filled it?

Write instructions from the label here:

Medicine Name: _____

Describe the pill (what color, shape, size, etc.)

What do you take it for?

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Write instructions from the label here:

Continue on back or use more pages if you need to.

Emergency Medical Information

Name _____ Date of Birth _____
Address _____ City _____ State _____
Social Security Number _____
Health Insurance Company _____ Individual/Group Policy Number _____
Medicaid Policy Number _____ Medicare Policy Number _____

My doctor/clinic is (name): _____ Phone: _____
Address _____ City _____ State _____

Who to contact in an emergency:

Name _____ Relationship _____
Address _____ City _____ State _____
Phone number(s): Home _____ Work: _____ Cell: _____
Email Address: _____

Other information:

Medications/dosages _____
Allergies/Sensitivities (including medicine allergies) _____
Special Diet _____
Immunizations (including tetanus) _____
Special needs (Do you use equipment like a walker, wheelchair, scooter, cane, etc? Do you need special assistance due to a speech or hearing difficulty?) _____

Continue on back or use more pages if you need to.