Minnesota Department of Health

# Individual Emergency Plan Template

Emergency preparedness

## Emergency

### Information

* INDIVIDUAL INFORMATION
* MEDICAL INFORMATION
* INSURANCE
* CAREGIVERS

### Plans

INDIVIDUAL PLAN – create a plan based on your needs.

### Supply Kit

Keep supply kits in your home, work, and car to be fully prepared at any time for an emergency.

* FOOD – perishable foods that does not require cooking or refrigeration.
* WATER – 1 gallon of water per person per day.
* ELECTRONICS – nonelectronic powered flashlights, battery powered radio, spare batteries, cell phone with charges, backup cell phone battery.
* FIRST AID KIT – bandages, scissors, latex gloves, towelettes, thermometer, CPR barrier, instruction booklet, sanitizer packs.
* WHISTLE
* DUST MASK
* SANITATION
* MANUAL CAN OPENER
* MAPS – local and state maps.
* HYGIENCE SUPPLIES – feminine products, soap, toothbrush.

Important documents to be able to quickly grab:

* IDENTIFICATION CARD
* OTHER PHOTO ID
* BIRTH CERTIFICATE
* MARRIAGE LICENSE
* DIVORCE DECREE
* SOCIAL SECURITY CARD
* PASSPORT – includes green card and naturalization documents.
* MILITARY IDENTIFICATION – includes discharge record.
* PET IDENTIFICATION TAGS – includes proof of ownership and any certifications for service animals.
* MEDICAL ALERT DOCUMENTS, TAGS, OR BRACELETS

## Personal Information

### Individual

Fill out the following personal information.

Name:

Date of Birth:

Phone number:

Social Security Number:

Home address:

Work address:

Any important information necessary to know:

### Emergency Contacts

Name:

Phone number:

Address:

Any important information necessary to know:

Did they receive a copy of plan? YES or NO

Name:

Phone number:

Address:

Any important information necessary to know:

Did they receive a copy of plan?

YES or NO

### Medical Professionals

Doctors/Pharmacy/Specialists

|  |  |  |
| --- | --- | --- |
| **Family Doctor** | **Pharmacy** | **Specialist** |
| Name: | Name: | Name: |
| Phone: | Phone: | Phone: |
| Address | Address | Address |

### Insurance

Insurance Company

|  |  |  |
| --- | --- | --- |
| **Name** | **Policy Number** | **Phone** |
|  |  |  |
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### Caregivers

Caregiver(s) Information

|  |  |  |
| --- | --- | --- |
| **Name of Company** | **Phone** | **Services Provided** |
|  |  |  |
|  |  |  |
|  |  |  |
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### Pets

Pet owner’s name:

Address:

Phone:

Vet name and number:

Kennel name and number:

Name of pet:

Description/ID number:

Date of last rabies vaccination:

Special needs/comments:

Pet owner’s name:

Address:

Phone:

Vet name and number:

Kennel name and number:

Name of pet:

Description/ID number:

Date of last rabies vaccination:

Special needs/comments:

## Medical History

### Medical Conditions

Medical Conditions List

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Healthcare Provider for Condition** | **Medication Specifically for Condition** | **Things that Help with Condition** |
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### Medication

Medication List

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| --- | --- | --- | --- |
| **User’s Name** | **Medication Name** | **Dosage/Frequency** | **Reason for Taking** |
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### Allergies

Allergy List

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| --- | --- |
| **Name** | **Special Instructions** |
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## For Individuals with Limitations

Individuals with health conditions, disabilities, or functional needs may need more time to evacuate in case of emergency. Allow enough time to keep yourself safe.

### Health and Disability Information

Health/Disability Information

|  |  |  |
| --- | --- | --- |
| **Name** | **Health/Disability Information** | **Special Instructions** |
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|  |  |  |

### Caregivers

Caregivers Information

|  |  |  |
| --- | --- | --- |
| **Name of Company** | **Phone** | **Services Provided** |
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## Planning for a Disaster

### Before a disaster

* EDUCATION AND AWARENESS – be aware of disaster types that could occur in your area and their specific risks.
* EMERGENCY PLAN
  + COMMUNICATION – create a communication plan for how you will let others know where you are or how you will contact family or friends.
  + EVACUATION ROUTES – plan for multiple routes in case of potential roadblocks while evacuating.
* EMERGENCY KIT – assemble supply kit and have it easily accessible.

### During a disaster

* STAY INFORMED – use text message, email, or social media for non-emergency communication to avoid network congestion.
* FOLLOW THE PLAN
* SAFETY FIRST – call 911 in a life-threatening emergency.

### After a disaster

* CHECK-IN – let your family and friends know you are safe.
* REVIEW AND IMPROVE – update any plan or contact information as needed.

## Additional Information

### Hygiene

* [Personal Hygiene During an Emergency | Water, Sanitation, & Hygiene-related Emergencies & and Outbreaks | Healthy Water | CDC](https://www.cdc.gov/healthywater/emergency/hygiene-handwashing-diapering/handwashing-and-hygiene-during-emergencies.html)

### Supply Kit

* [Build A Kit | Ready.gov](https://www.ready.gov/kit)
* [What Do You Need In a Survival Kit | American Red Cross](https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html)

### Disasters Based on Location

* [The Most Common Natural Disasters Across The U.S. | Red Cross](https://www.redcross.org/get-help/how-to-prepare-for-emergencies/common-natural-disasters-across-us.html)