



# Information for the Family Emergency Plan

Name: \_\_\_\_\_

Name of each family member	Phone number	Specific task during the emergency
1.		
2.		
3.		
4.		
5.		
6.		

## ➤ Kids at school

Name	School	Teacher	Meeting Area

➤ **Amount of water should be kept at home** (PREMA recommend a minimum of one gallon per person per day, for a minimum of 3 days): \_\_\_\_\_

## ➤ Items in the safety Backpack:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> First aid kit            | <input type="checkbox"/> Nonperishable Food        | <input type="checkbox"/> Whistle                  |
| <input type="checkbox"/> Personal hygiene items   | <input type="checkbox"/> Notebook and pencil       | <input type="checkbox"/> Radio                    |
| <input type="checkbox"/> Garbage bags             | <input type="checkbox"/> Red paint                 | <input type="checkbox"/> Flashlight and batteries |
| <input type="checkbox"/> Sunblock                 | <input type="checkbox"/> Green paint               | <input type="checkbox"/> Water                    |
| <input type="checkbox"/> Copies of important doc. | <input type="checkbox"/> Picture of family members | <input type="checkbox"/> Cash                     |
| <input type="checkbox"/> Pain pills               | <input type="checkbox"/> Gloves                    | <input type="checkbox"/> Blanket                  |
| <input type="checkbox"/> Multipurpose tool        | <input type="checkbox"/> Evacuation Map            | <input type="checkbox"/> Emergency plan           |
| <input type="checkbox"/> _____                    | <input type="checkbox"/> _____                     | <input type="checkbox"/> _____                    |



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➤ Name (s) of your pet (s):

\_\_\_\_\_

\_\_\_\_\_

➤ Items in your pet's backpack:

Food     Water     Collar     Tag     \_\_\_\_\_

➤ Person you will contact after the emergency, that lives out of country:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number (s): \_\_\_\_\_

➤ Meeting area after the emergency (if everyone at home/If everyone at different places) and the hours everyone will be there:

A: \_\_\_\_\_

B: \_\_\_\_\_

➤ Emergency phone numbers:

Agency	Phone number	Location
Police		
Firefighths		
Emergency Manager Office OMME		
Medical Emergency Hospital		

➤ Refuge close to your home and location:

\_\_\_\_\_

\_\_\_\_\_

➤ Assembly point that you suppose to go (if your house is in coastal area):

\_\_\_\_\_



**Family member (s) with special needs**

Name: \_\_\_\_\_

Health condition: \_\_\_\_\_

Medication/dose: \_\_\_\_\_

\_\_\_\_\_

Dr: \_\_\_\_\_

Office number: \_\_\_\_\_

Remember that during the emergency is easier the communication using text



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