



Your Grab and Go Kit

If your family is ever forced to evacuate, it's important that a "Grab and Go" kit has been prepared before hand. It basically contains the minimum supplies your family might need if forced to spend some time in a shelter or with friends in an emergency. The supplies should be kept together and pre-packed so your family can grab-it and go without delay.

Basic Supplies

- Flashlight
- Radio – crank, battery operated
- Extra batteries
- Whistle
- Dust mask
- Pocket knife
- Emergency cash in small denominations and quarters for phone calls
- Sturdy shoes, a change of clothes, and a warm hat
- Local map
- Some water and food
- Permanent marker, paper, tape
- Photos of family members and pets for re-identification purposes
- List of emergency point-of-contact phone numbers
- List of allergies to any drug (especially antibiotics) or food
- Important papers including copies of ID cards, health insurance and homeowners insurance, placed in a sealable plastic bag
- Extra prescription eyeglasses, hearing aid or other vital personal items
- Prescription medications and first aid supplies
- Personal toiletry items
- Extra keys to your house and vehicle
- Any special-needs items for children, seniors, persons with disabilities, or pets.
- Blankets or sleeping bags

Week 1	Week 2
<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 jar peanut butter <input type="checkbox"/> 1 large can juice* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> Hand-Operated can opener <input type="checkbox"/> Permanent marking pen <p>ALSO: pet food, diapers, and baby food if needed</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find out what kinds of disasters can happen in your area <input type="checkbox"/> Date each perishable food item using the marking pen 	<p>Hardware Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heavy cotton or hemp rope <input type="checkbox"/> Duct tape <input type="checkbox"/> 2 flashlights with batteries <input type="checkbox"/> Matches in waterproof container <input type="checkbox"/> Battery-powered radio <p>ALSO: a leash or carrier for your pet</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a personal assessment of your needs and your resources for meeting your needs in a changed disaster environment
Week 3	Week 4
<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> Feminine hygiene supplies <input type="checkbox"/> Paper and pencils <input type="checkbox"/> Map of your town <input type="checkbox"/> Aspirin or non-aspirin pain reliever <input type="checkbox"/> Laxative <p>ALSO: 1 gallon of water for each pet</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create a personal support network that can help you identify and obtain the resources you will need to cope effectively with disaster. This may include members of your household, friends, neighbors, and out-of-area relatives. 	<p>Hardware Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patch kit and can of tire seal ant for the tires of mobility aids <input type="checkbox"/> Signal flare <input type="checkbox"/> Compass <p>ALSO: extra medications or prescriptions marked for “emergency use.”</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a personal disaster plan <input type="checkbox"/> Give copies of the following lists to your network <ul style="list-style-type: none"> • emergency information list • medical information contacts • disability related supplies • special equipment list • personal disaster plan

* Purchase one for each member of your household. Replace all food and water every 6 months.

Week 5	Week 6
<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 2 rolls toilet paper <input type="checkbox"/> Extra toothbrush <input type="checkbox"/> Travel size toothpaste <p>ALSO: food for special diets, if needed</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make a floor plan of your home including primary escape routes <input type="checkbox"/> Identify safe places to go in case of a disaster <input type="checkbox"/> Practice a fire drill and earthquake drill with your network 	<p>First Aid Supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sterile adhesive bandages in assorted sizes <input type="checkbox"/> Adhesive tape <input type="checkbox"/> Latex gloves <input type="checkbox"/> Sunscreen <input type="checkbox"/> Gauze pads <input type="checkbox"/> Sterile roller bandages <p>ALSO: extra hearing aid batteries, if needed</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check with child’s day care center or school to find out about their disaster plan <input type="checkbox"/> Ask your local emergency management office if emergency transportation services are available in case of evacuation
Week 7	Week 8
<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 gallon water* <input type="checkbox"/> 1 can ready-to-eat soup (not concentrated)* <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> Sewing kit <input type="checkbox"/> Disinfectant <p>ALSO: extra plastic baby bottles, formula, and diapers, if needed.</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish an out-of-town contact to call in case of emergency <input type="checkbox"/> Share this information with your network so they know whom to call <input type="checkbox"/> Make arrangements for your network to check on you immediately after a disaster 	<p>First Aid Supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scissors <input type="checkbox"/> Tweezers <input type="checkbox"/> Thermometer <input type="checkbox"/> Liquid antibacterial hand-soap <input type="checkbox"/> Disposable hand wipes <input type="checkbox"/> Needles <input type="checkbox"/> Petroleum jelly or other lubricant <input type="checkbox"/> 2 tongue blades <p>ALSO: extra eyeglasses, if needed. Put in first aid kit.</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place a pair of sturdy shoes and a flashlight by your bed so they are handy in an emergency

* Purchase one for each member of your household. Replace all food and water every 6 months.

Week 9	Week 10
<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 can ready-to-eat soup (not concentrated)* <input type="checkbox"/> Liquid dish soap <input type="checkbox"/> Household chlorine bleach <input type="checkbox"/> 1 box heavy-duty garbage bags with ties <input type="checkbox"/> Antacid (for stomach upset) <p>ALSO: saline solution and a contact lens case, if needed.</p> <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Choose a signal with your network that indicates you are okay and have left the disaster site <input type="checkbox"/> If you have a communication disability, store a word board in kit 	<p>Hardware Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> Waterproof portable plastic container (with lid) for important papers <input type="checkbox"/> Wrench(es) needed to turn off utilities <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take your network on a field trip to the gas meter and water meter shutoffs. Discuss when it is appropriate to turn off utilities <input type="checkbox"/> Attach a wrench next to the cutoff valve of each utility meter so it will be there when needed <input type="checkbox"/> Make photocopies of important papers and store safely <input type="checkbox"/> Establish a stash of emergency funds in case of disaster
Week 11	Week 12
<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 large can juice* <input type="checkbox"/> Large plastic food bags <input type="checkbox"/> 1 box snacks <input type="checkbox"/> 3 rolls paper towels <input type="checkbox"/> Medicine dropper <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Store a roll of quarters for emergency phone calls <input type="checkbox"/> Go on a hunt with your family to find a pay phone that is close to your home <input type="checkbox"/> Test your smoke detector(s). Replace the battery in each detector that does not work. 	<p>Animal Care Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extra harness, leash, ID tags, and food for your service animal and/or pets <input type="checkbox"/> Litter/pan <input type="checkbox"/> Extra water <p>Veterinarian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain current vaccinations and medical records of your animal(s). <input type="checkbox"/> Medications <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a pet care plan in case of disaster <input type="checkbox"/> Make photocopies of all vaccination records and put in kit <input type="checkbox"/> Put all purchases into kit

* Purchase one for each member of your household. Replace all food and water every 6 months.

Week 13	Week 14
<p>Hardware Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> Whistle <input type="checkbox"/> Pliers <input type="checkbox"/> Screwdriver <input type="checkbox"/> Hammer <input type="checkbox"/> Perforated metal tape (sometimes called plumbers tape or strap iron) <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a First Aid/CPR class from your local Red Cross <input type="checkbox"/> Arrange to have your water heater strapped to wall studs using perforated metal tape. 	<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 can fruit* <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 1 package eating utensils <input type="checkbox"/> 1 package paper cups <input type="checkbox"/> 1 treat (non-perishable, such as candy or chips)* <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make sure your network and neighbors know what help you may need in an emergency and how to best assist <input type="checkbox"/> Practice using alternate methods of evacuation with your network
Week 15	Week 16
<p>Hardware Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extra flashlight batteries <input type="checkbox"/> Extra battery for portable radio <input type="checkbox"/> Assorted nails <input type="checkbox"/> Wood screws <input type="checkbox"/> Labels for your equipment and supplies <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make arrangements to bolt bookcases and cabinets to wall studs <input type="checkbox"/> Label equipment and attach instruction cards 	<p>Grocery Store</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 box snacks <input type="checkbox"/> 1 can meat* <input type="checkbox"/> 1 can vegetables* <input type="checkbox"/> 1 box facial tissues <input type="checkbox"/> Dried fruit/nuts <p>To Do</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find out if you have a neighborhood safety organization and join it <input type="checkbox"/> Develop a disaster supplies kit for your car or van <input type="checkbox"/> Find out about your workplace disaster plan

* Purchase one for each member of your household. Replace all food and water every 6 months.

Week 17

Grocery Store

- 1 box graham crackers
- Assorted plastic containers with lids
- Dry cereal

First Aid Supplies

- Antidiarrheal medication
- Rubbing alcohol
- Antiseptic
- Syrup of ipecac and activated charcoal

To Do

- Arrange for a friend or neighbor to help with your children if you are not able to respond or are at work

Week 18

Hardware Store

- “Childproof” latches or other fasteners for your cupboards
- Double-sided tape or hook-and-loop fasteners (such as Velcro) to secure moveable objects
- Plastic bucket with tight lid
- Plastic sheeting

To Do

- Arrange for someone to install latches on cupboards and secure moveable objects
- Put away a blanket or sleeping bag for each household member

Week 19

Grocery Store

- 1 box snacks
- Comfort foods (such as cookies, candy bars, chips)
- Plastic wrap
- Aluminum foil

ALSO: denture care items, if needed.

To Do

- Review your insurance coverage with your agent to be sure you are covered for the disasters that may occur in your area. Obtain additional coverage, as needed
- Purchase and install an emergency escape ladder for upper story windows, if needed.

Week 20

Hardware Store

- Camping or utility knife
- Work gloves
- Safety goggles
- Disposable dust masks
- 2 blank videocassettes

Specialty Store

- Get an extra battery for motorized mobility aids

To Do

- Use a video camera to tape the contents of your home for insurance purposes
- Make a copy of the videotape and send to an out-of-town friend or family member

Please complete this form and distribute copies to your emergency contact people and to each member in your network.

Emergency Information	Medical Information
<p>Name _____</p> <p>Address _____</p> <p>Birth Date _____</p> <p>Telephone Number _____</p> <p>Local Emergency Contact Person Name _____ Phone: _____</p> <p>Network Members Names & Phones: _____ _____ _____ _____</p> <p>Out-of-Town Contact Name _____ Phone: _____</p>	<p>Primary Physician Name _____ Telephone _____ Address _____ Hospital Affiliation: _____</p> <p>Health Insurance Carrier _____ Telephone: _____ Policy # _____</p> <p>Key Medical Data Blood type _____ Allergies and Sensitivities _____ _____ Medications and Dosages Being Taken _____ _____ _____ Specific Medical Conditions _____ _____ Physical and Cognitive Difficulties/Limitations _____ _____ _____</p>



Family Disaster Plan

Community Emergency Management Program

UNIVERSITY OF MISSOURI
 Extension

Family name:

*Please download and save this file to
your hard drive before filling it out in
order to protect your privacy.*

Address: (Use 911 address if available)

Family Disaster Plan

A family disaster plan tells everyone in the household what they will do during an emergency. Having a plan reduces the stress of coping with the aftermath of a disaster.

Using this booklet, families can easily assemble information about family members and pet, belongings and the dwelling, which may not be readily available following a disaster. This booklet is by no means inclusive of every situation, so families may need to include additional details specific to their needs.

The plan should be updated annually or whenever there are changes in the family or household.

Information included in disaster plan:

Family Members*	3
Household Information	3
Emergency Numbers	3
Vehicle Information	4
Insurance Information	4
Utility and Service Providers	4
Family, Friends, Neighbors	5
Out-of-Area Contacts	5
Designated Emergency Meeting Locations	6
Important Notes and Procedures	6
Household Insurance	7
Household Inventory*	7
Family Assets	8
Home Layout/Diagram	9
Detailed Information on Family Members*	10
Pets*	18

*Additional pages may be downloaded as separate files. Please note that they will not have page numbers.

Update and review plan	Last update	Next update

Family Members

Name	Relation	Birth date	SSN

Household Information

Home address	Home phone

Cell phone 1	Cell phone 2
Cell phone 3	Cell phone 4

E-mail address(es)

Emergency Numbers

CALL 911 FOR EMERGENCY

Note: After a disaster, 911 may not be working. Use the numbers you list below.

Fire
Police
Ambulance
Poison Control

Hospital Emergency Room	
Name	Number

Vehicle Information

.....

Make	Model	Year	License plate	VIN (Vehicle Identification Number)

Insurance Information

.....

Company policy number

Agent phone number

Claims number

Utility and Service Providers

.....

Natural/LP Gas

Agency name

Phone

Notes

Electric

Agency name

Phone

Notes

Water

Agency name

Phone

Notes

Phone - Landline

Agency name

Phone

Phone - Mobile

Agency name

Phone

Cable/Satellite

Agency name	Phone
Notes	

Internet Provider

Agency name	Phone
Notes	

Family, Friends, Neighbors



Have at least two nearby contacts and agree to check on each other.

Name	
Address	
Home phone	Cell phone
Work phone	E-mail address

Name	
Address	
Home phone	Cell phone
Work phone	E-mail address

Out-of-Area Contacts



During and after a disaster phones should be used only for emergencies. It may be difficult for people to call into the area, so an out-of-area contact can call others on your behalf.

Name	
Address	
Home phone	Cell phone
Work phone	E-mail address

Name	
Address	
Home phone	Cell phone
Work phone	E-mail address

Designated Emergency Meeting Locations

Identify and discuss with all household members where to go during a disaster and should a disaster prevent family members from returning home.

People with disabilities are advised to identify two or three people at work, school, neighborhood, etc. who will assist them in the event of a disaster.

If a disaster prevents, reunion procedures are as follows:

In or around house/apartment

--

Inside house/apartment

--

Outside house/apartment

--

Priority location when family is not home

(Leave note in a designated place where you will be: i.e., neighbor, relative, park, school, shelter, etc.)

--

Important Notes and Procedures

--

Family Assets

List family financial assets including bank accounts, credit cards, loans and investments.

Account name	Account type	Account number
Institution	Address	Phone number

Account name	Account type	Account number
Institution	Address	Phone number

Account name	Account type	Account number
Institution	Address	Phone number

Account name	Account type	Account number
Institution	Address	Phone number

Account name	Account type	Account number
Institution	Address	Phone number

Account name	Account type	Account number
Institution	Address	Phone number

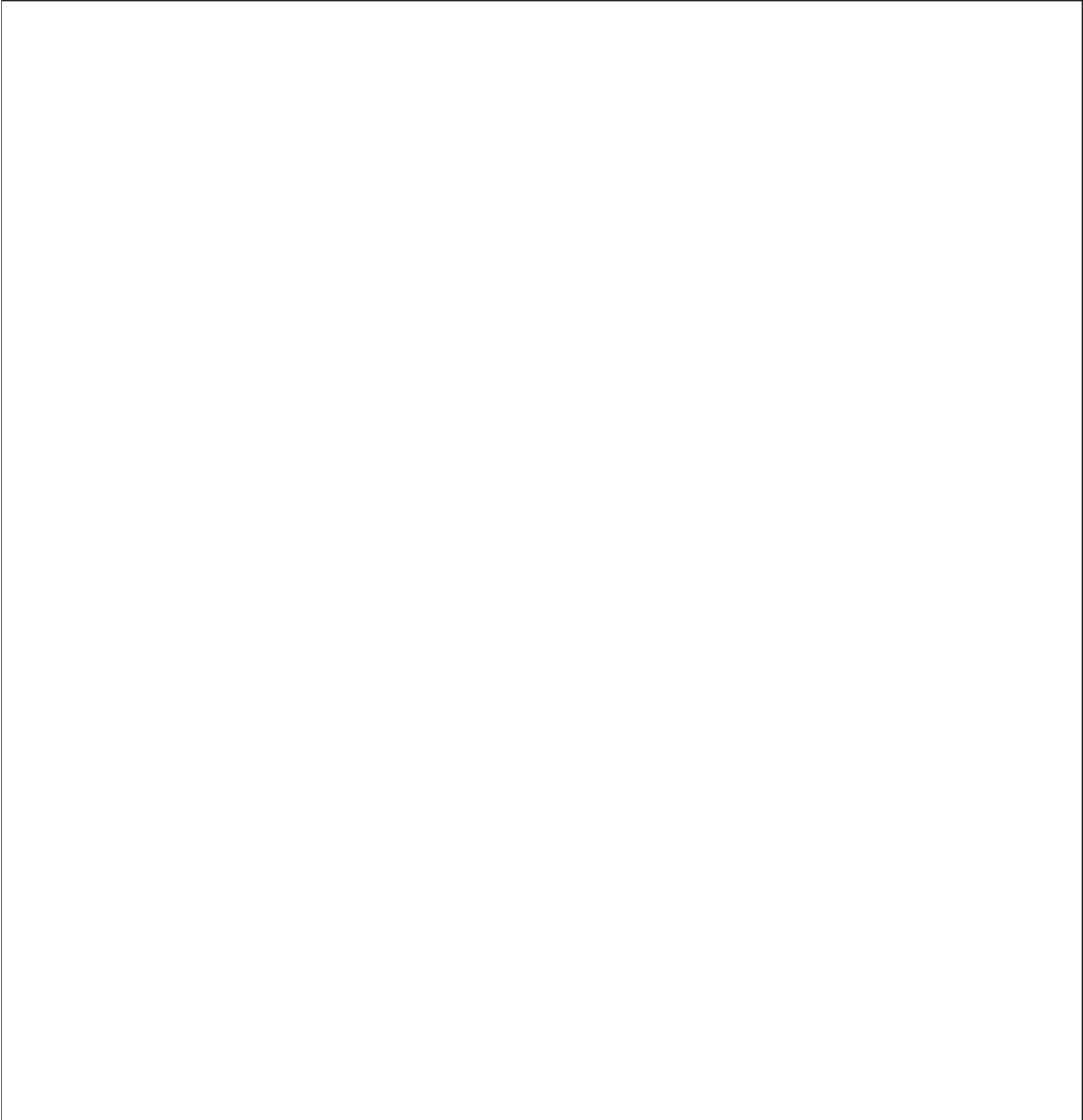
Account name	Account type	Account number
Institution	Address	Phone number

Account name	Account type	Account number
Institution	Address	Phone number

Home Layout/Diagram

.....

Draw a layout of the dwelling, including locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.



Notes:

Adult Family Member

Legal name	Nickname	Date of birth	Cell phone

Employer

Address	Phone	E-mail

Medical Information

Health/disability information

Allergies

Special needs, equipment, supplies

Primary care doctor

Name		
Address	Phone	Organization

Other doctors

Name		Specialty	
Address	Phone	Organization	

Name		Specialty	
Address	Phone	Organization	

Name		Specialty	
Address	Phone	Organization	

Medications

If medication is lost in a disaster, an emergency prescription can be obtained.

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Disaster Procedure

Each family member should know each other's disaster procedures for work, school or other places where they spend time.

Notes:

Adult Family Member

Legal name	Nickname	Date of birth	Cell phone

Employer

Address	Phone	E-mail

Medical Information

Health/disability information

Allergies

Special needs, equipment, supplies

Primary care doctor

Name		
Address	Phone	Organization

Other doctors

Name		Specialty	
Address	Phone	Organization	

Name		Specialty	
Address	Phone	Organization	

Name		Specialty	
Address	Phone	Organization	

Medications

If medication is lost in a disaster, an emergency prescription can be obtained.

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Disaster Procedure

Each family member should know each other's disaster procedures for work, school or other places where they spend time.

Notes:

Child Family Member

Legal name	Nickname	Date of birth	Cell phone

Physical description

Height	Weight	Hair color	Eye color

School

Name		
Address	Phone	Teacher

Other caregiver

Name		
Address	Phone	Cell phone

Medical Information

Health/disability information

Allergies

Special needs, equipment, supplies

Primary care doctor

Name		
Address	Phone	Organization

Other doctors

Name		Specialty	
Address	Phone	Organization	

Name		Specialty	
Address		Phone	Organization

Name		Specialty	
Address		Phone	Organization

Medications

If medication is lost in a disaster, an emergency prescription can be obtained.

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Disaster Procedure

Each family member should know each other's disaster procedures for work, school or other places where they spend time.

Notes:

Child Family Member

Legal name	Nickname	Date of birth	Cell phone

Physical description

Height	Weight	Hair color	Eye color

School

Name		
Address	Phone	Teacher

Other caregiver

Name		
Address	Phone	Cell phone

Medical Information

Health/disability information

Allergies

Special needs, equipment, supplies

Primary care doctor

Name		
Address	Phone	Organization

Other doctors

Name		Specialty	
Address	Phone	Organization	

Name		Specialty	
Address		Phone	Organization

Name		Specialty	
Address		Phone	Organization

Medications

If medication is lost in a disaster, an emergency prescription can be obtained.

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Medication name	Dosage/frequency	Reason for taking	Rx number
Prescribing physician		Pharmacy phone	Prescription date

Disaster Procedure

Each family member should know each other's disaster procedures for work, school or other places where they spend time.

Notes:

Pets



Name	Type of animal	Breed description	License/rabies/microchip no.
Veterinarian			
Address			
Phone		Kennel	

Name	Type of animal	Breed description	License/rabies/microchip no.
Veterinarian			
Address			
Phone		Kennel	

Name	Type of animal	Breed description	License/rabies/microchip no.
Veterinarian			
Address			
Phone		Kennel	

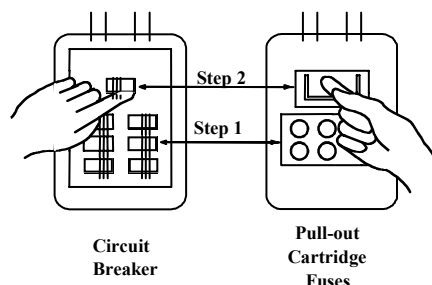
Name	Type of animal	Breed description	License/rabies/microchip no.
Veterinarian			
Address			
Phone		Kennel	

Name	Type of animal	Breed description	License/rabies/microchip no.
Veterinarian			
Address			
Phone		Kennel	

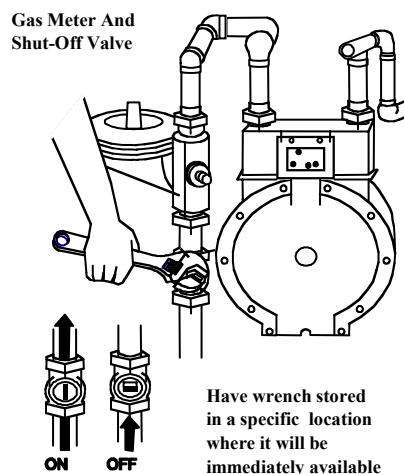
Name	Type of animal	Breed description	License/rabies/microchip no.
Veterinarian			
Address			
Phone		Kennel	

Notes:

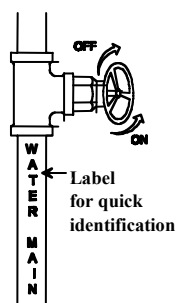
Electrical Shut-Offs



Gas Meter And Shut-Off Valve



Water Shut-Off



Electricity:

In the event that you need to turn off the electricity in your house, go to the breaker box and do the following:

1. Turn off smaller breakers one by one
2. Flip the “main” breaker to off last

To reenergize your home, reverse the steps above

Water:

In the event you need to shut water off inside your home, find the main water valve and turn it to your right. To open the flow of water back into the house, turn it to your left.

Gas:

IMPORTANT – Only turn off you gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company.

Propane: If you live in an area that uses outdoor propane or LPG you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve see above.

Additional notes:

