Family Emergency Plan Purdue university.









					Califrating Accessible Agriculture			
Emergency Gathering Lo	ocation			Date P	lan Completed			
Family or Homeowner			Primary Co					
Address				Phone Number				
Address			Alternate C	Alternate Contact				
			Phone Num	Phone Number				
City, State, ZIP								
County			Out-of-tow	n Contact				
Township			Phone Num	ber				
Family Members at this Home ¹ (anyone who lives or is regularly at this home)								
Name	Age	Phone #	Times likely to be at this location ²	Special con	ncerns: health issues	or disabilities ³		

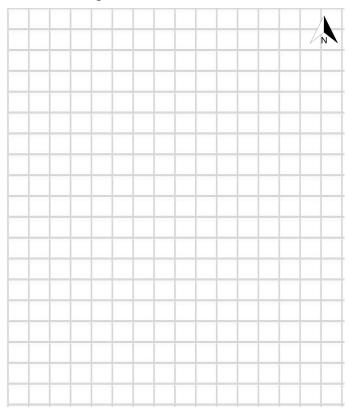
- List anyone who lives at this address. Also, include anyone who regularly spends time at this home such as grandchildren being cared for while parents work, college student children, employees, etc.
- For those who do not live at the home full-time, indicate when they are likely to be present (e.g. M-F, 7:30 am 5:30 pm)
- If an individual at this home has a disability or special health concern, indicate so on this form. Additional considerations can be detailed on page 3.

							al or disability challenges that oment, diet restrictions, etc.		
Name:									
Condition/Disability		Special Considerations							
Name:									
Condition/Disability			Special Considerations						
Pets—List family pets	and like	ly locatio	n to find th	nem in an emerge	ency situation	l.			
Species Descript		ion Name		Location					
Emergency Resources listed that you think m					ency resource	s inventory for y	our home. Add any items not		
Emergency Resource		Location		Emergency Resource		Location			
Prepared "Go-bags"					Critical documents – ID, medical, insurance, etc.				
Drinking/Cooking Water				Cash					
Non-perishable food – 3 day supply				Manual can opener					
Flashlight(s)			Weather		her radio				
Medications—prescription and OTC				Medical equipment/ Assistive Technology					
Batteries				Medical Equipment/ Assistive Techology					
Cell phone power bank or solar charger									
First aid kit / supplies									
Wrenches, pliers, other for minor repairs									
Pet care – food, medical									

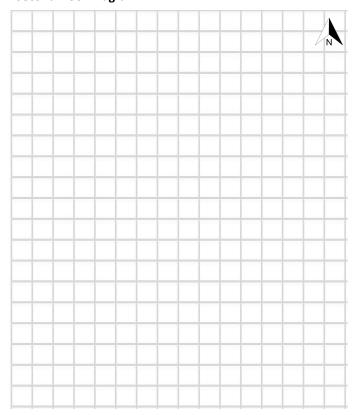
Additional concerns or resources —note any other situations that might impact an emergency response to your home. This could include issues such as a home-based business that brings additional guests to your home, or potential resources such as a pond or dry fire hydrant for firefighting water sources.							
	enter appropriate names and phone family members, or neighbors not liste						
Fire Department		Electric Company					
Emergency #	911	Phone					
General phone		My Account #					
Police/Sheriff		Gas/LP Supplier					
Emergency #	911	Phone					
General phone		My Account #					
Ambulance		Water/Sewer					
Emergency #	911	Phone					
General phone		My Account #					
Preferred Hospital	911	Other Utility					
Emergency #		Phone					
General phone		My Account #					
Poison Control		Insurance Co./Agent					
Emergency #	1-800-222-1222	Phone					
Family Doctor		Veterinarian					
Phone		Phone					
Other Doctor		Bank					
Phone		Phone					
Other Doctor		Neighbor/Friend					
Phone		Phone					
Med. Equipment/		Neighbor/Friend					
Assistive Technology		Phone					
Phone Mod Equipment/		•					
Med. Equipment/ Assistive Technology							
•		•					
]]					

House Diagram— create a simple scale drawing of your home. Label rooms (especially bedrooms); entry & exit doors; location of electric panel, furnace, water heater, and entry point for gas or LP lines. Make special note of rooms or locations significant to someone with a disability, such as accessible entrance and exits. This drawing can assist you in planning and preparing for household emergencies, and may also be shared with local emergency services.

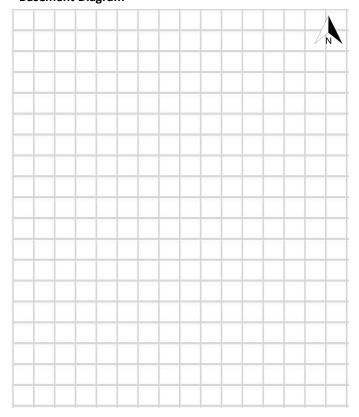
Main Floor Diagram



Second Floor Diagram



Basement Diagram



Attached Garage Diagram

