

Individuals and Families with Functional Needs

Emergency and Disaster Preparedness Guidebook

Name _____



Local 5050

Thank you for taking a crucial step in helping yourself and those whom you care about have a healthier outcome in the event of an emergency or disaster. There is no specific amount of time needed for making an emergency disaster plan. Individuals and their families all have their own unique circumstances to address and will require a varying amount of time. Your plan will revolve around identifying who and what makes up the support system that enables you to live the level of independence that you do. Your plan is a systematic approach to replicate that system in the event of a disaster. Individuals and families all have a responsibility for their personal welfare regardless of the circumstance. Remember, developing your plan will take time and won't happen overnight, so please dedicate the time needed to create and maintain your plan.

This book will guide you through creating your own/household plan or for someone you value. It will also ask you to contact your local Police, Fire Department and Department of Emergency Management for information and assistance in completing your emergency/disaster plan. You will also learn about programs in your community regarding preparedness, self-disclosure, sheltering and partnerships for preparedness. You must share this plan with your family members, caregivers, healthcare providers, your schools, day programs and your neighbors. It only works when everyone works together, and you're taking the first step.

Please review the complete guidebook before you start filling it out. If you answer "no" to any of the questions, continue to the next question. When you update the plan remember to re-answer all the questions because things change and everyone needs to adjust to these changes. It is recommended to partner with someone in developing your plan. There is strength, encouragement and accountability in teamwork!

YOUR PLAN

Your/Individual's name: _____

Family/Plan name: _____

Home telephone number: _____

Your email address: _____

Family, individuals and important names, cell phone numbers and email addresses.

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Date Plan Prepared: _____

Update this plan every 6 months, because things change!

6 months _____, 1 year _____, 1 ½ yrs. _____, 2 yrs.

_____, 2 ½ yrs. _____, 3 years _____, 3 ½ yrs. _____, 4

yrs. _____, 4 ½ yrs. _____, 5 yrs. _____.

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Be informed

STEP 1: Being Informed - Let's start with an emergency taking place at your home:

What alarm/alert systems are there in your home?

Smoke/Fire alarm:

Intrusion/Burglar Alarm:



What does each of them sound like, is there a flashing light, ASL emergency message or vibration?

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Is every member of your household familiar with these signals and do they know what to do when they're activated? Yes - No

If 'no', what can be done to ensure their safety?

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What are two ways you can stay in contact with each of your household members? (Intercom, yelling, cell phone)

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What alarm/alert systems are there at the places you frequent?

| | |
|-------------|--|
| Employment | |
| Day Program | |
| School | |
| | |

How does each of these systems alert you? (Sound, Lights....)

| | |
|-------------|--|
| Employment | |
| Day Program | |
| School | |
| | |

Where is the evacuation location; what is typically used for a fire drills?

| | |
|-------------|--|
| Employment | |
| Day Program | |
| School | |
| | |

What is the evacuation route? Is there an alternate evacuation route?

| | |
|-------------|--|
| Employment | |
| Day Program | |
| School | |

Community Alert and Warning Signals

How can you learn of an emergency/disaster impacting you.

What are the community alert systems in your area?

(Contact your local Department of Emergency Management to learn more.)

How can you obtain emergency information in the event of a disaster?

Examples: News/Radio Channels, City/County/State Websites,
Recorded information phone numbers, Community/Social Organizations

List any emergency radio and/or television stations, TDD/TTY numbers
and/or other alert notification available to you.

| Name/description | Station, Phone Number, Website |
|------------------|--------------------------------|
| | |
| | |
| | |

Examples of county and state notification systems:

Maricopa Reverse 9-1-1: You can register your phone numbers to receive emergency/disaster notification in your area based on zip code.

www.maricoparegion911.gov

State of Arizona Emergency Information Network: State website that gives up-to-date information regarding emergency/disaster.

www.azein.gov

Self-disclosure: is right for you?

Definition: when an individual or legal guardian informs/discloses their functional need to an individual, agency or organization.

Consider self-disclosing your functional need consideration to your local fire/police department and/or Office of Emergency Preparedness. By sharing this information, your local first responder will have valuable information prior to an event, enabling them to provide more effective service to you. Also, they'll be aware of your emergency/disaster preparedness plan.

Contact your local agencies to see if they have a self discloser program.

| Agency | Phone Number | Yes/No |
|-------------------------------|--------------|--------|
| Fire Department | | |
| Police Department | | |
| Department of Emergency Mgmt. | | |
| | | |
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How to Self Disclose a **Functional Need** to your local Fire Department

After completing this form, take it to the closest fire station to your residence. If you're not sure which station is the closest to you, stop at a fire station and ask the firefighters which station services your residence. When arriving at the station in your neighborhood, inform them that:

You'd like to self-disclose a functional need.

- This information will enable the fire department to provide more effective service.

By having crucial information prior to an incident:

- The firefighters will have crucial information prior to arriving on scene.
- This disclosed information provides firefighters and Emergency Service Managers with crucial information for preplanning.
- You're providing the location of an individual who has a high probability of requiring rescue and/or emergency medical treatment.
- You'd like your fire department to place this information under 'Premise Alert' in the Computer Aid Dispatching System. This way any fire truck responding to your residence will have this crucial information.
- Inform them that the resident/household has an emergency/disaster plan and is preparing to be self-sufficient for 96 hours in the event of a disaster.

You will provide them with current information when conditions change and confirm that the information is current every 3 years. If I fail, please remove my information from the system.

Make a copy to keep for yourself.



Self-Disclosed Information

Name: _____

Address: _____

Primary Medical Disability: _____

The primary location within the residence: _____

Ability to self rescue and evacuate? Yes - No

Do you have an Emergency/Disaster Plan? Yes - No

Are you self sufficient for 96 hours? Yes - No

Off site responsible party: _____

Special information: _____

Responsible party for maintaining current information: _____

Contact information: _____

I _____, willingly disclose the above information to the fire department in order to provide vital information prior to an emergency, enabling responders to provide effective service.

Signature: _____ Date: _____

Witness: _____ Date: _____

Do any of the places you frequent have an emergency alert system? Are you familiar with how they work and are you part of it?

| Yes/No | Are we part of it? | How it works |
|--------|--------------------|--------------|
| | | |
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Other Emergency Plans

Become familiar with the emergency plans for the locations where your family/household members and support member frequent: work, school, daycare programs, adult day programs, group homes/assisted living facilities. Being familiar with these plans will enable you to integrate their plans with the plan you're creating. You don't want conflicting plans!

Keep a copy of each plan with this family preparedness plan, and make sure your support system is familiar with them. If any of these places don't have an emergency plan, volunteer to help create one.

Is there an Emergency/Disaster Plan available? Yes – No

Are you familiar with each of the plans? Yes - No

Do any of the plans need to be modified to accommodate you? Yes - No

If so, which ones and what kind of modifications?

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Are you familiar with and able to carry out your responsibilities? Yes – No

If yes, what are the responsibilities? If no, confirm you don't have any.

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Are there any conflicts between your plan & the other plans? Yes – No

What are the conflicts and how can they be resolved?

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Are you required to report to work in the event of an emergency? Yes – No

If so, to whom do you report, when and where?

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Do you have support for your family while you're at work? Yes - No

| Name | Contact Number |
|------|----------------|
| | |
| | |
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| | |

Does your school/day care/adult day care have an Emergency Plan available?

Yes – No

Is their emergency contact phone list up to date? Yes – No

Current list of who can pick up your family member? Yes – No

Is there an offsite evacuation location? If so where is it? Yes – No

| Offsite Location | Contact Phone Number |
|------------------|----------------------|
| | |
| | |
| | |

Are they self-sufficient for 96 hours? Yes – No

Is any household member responsible for providing any support or items?

Yes – No

| Support | Items |
|---------|-------|
| | |
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Is there an Emergency/Disaster Plan available? Yes – No

Are you familiar with the plan and your responsibilities? Yes – No

Are there any conflicts between your plan & theirs? Yes – No

What conflicts does this cause and how to resolve them?

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Is your School/Day Care/Adult Day Care Emergency Plan Available? Yes – No

Is their emergency contact phone list up to date? Yes –No

Is there a current list of who can pick up your family member? Yes –No

Is there an offsite evacuation location and where is it? Yes – No

| Offsite Location | Contact Phone Number |
|------------------|----------------------|
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What is the process for picking up the individual from the offsite locations?

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| |

Are they self-sufficient for 96 hours?

Yes – No

Are you responsible for providing any support or items

Yes – No

| Support | Items |
|---------|-------|
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Repeat the above process for all the other facilities that are involve your social/support network. Make additional copies if needed.

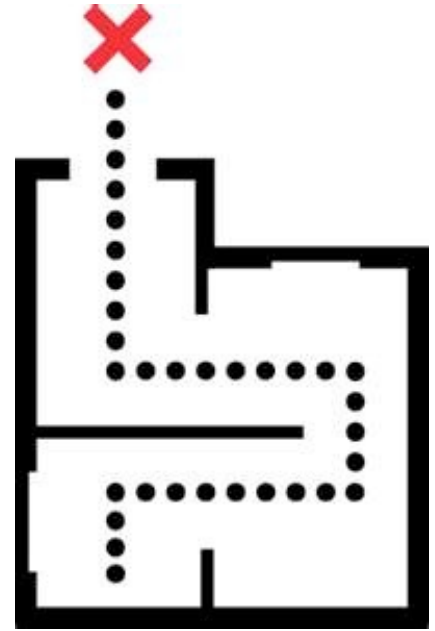
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Attach additional pages for all other facilities.

Step 2: Make a Plan

Disasters – What Could Happen?

It's important to know the types of emergency/disasters that can occur in your community and/or household. Below are some common disasters and a place for you to add others that may occur in your area. Sit down with your social/support network, (family, friends, neighbors, school, day program, care providers) to identify your primary response/action (ways you can learn about it, where you will go, who needs to be contacted, or how you will get there), and items that you will/may need. Record them below.



| | Fire | Thunder Storm | Power Outage | Wildfire |
|----------------------------|------|---------------|--------------|----------|
| How do you learn of it? | | | | |
| Response to it | | | | |
| Where to go | | | | |
| Who needs to be contacted? | | | | |
| How to get there | | | | |
| Items that are needed? | | | | |
| | | | | |
| | | | | |

Home Layout

Create a layout drawing of your house and identify exits, meeting places and shelter-in-place locations.

Home Layout

[illegible]

Exits

List the two primary locations where you spend most of your time at home.
List two ways out of each of those areas and a meeting place.

| Location | Primary Exit Route | Secondary Exit Route |
|---------------|--------------------|----------------------|
| One: | | |
| Two: | | |
| Meeting Place | | |

Shelter-in-Place: Refers to staying in the safest location in your residence that can be secured and has the least amount of exposure to the outside.

Identify two shelter-in-place locations inside your household where you can close and lock the windows & doors.

| | |
|--------------|--|
| Location One | |
| Location Two | |

Shelter-in-place generally consists of:

- Gathering your family members together.
- Selecting a room within your home that is in the center, which has the fewest windows.
- Lock all doors and windows.
- Place your emergency supply kit in the room (covered pages 22-25 in the workbook).
- Use plastic to cover the windows and seal the edges with tape. This seals any leaks around the window sills.
- Use plastic and tape along the doors frame edges.

- Use plastic and tape and cover all air duct vents from within the room.
- Have your supplies in the room and ready.
- Care for all family members according to their specific needs.
- Check for news updates using your radio, TV, Internet & follow those instructions

Evacuation: Refers to relocating yourself and family to a location away from your home that provides safety and assistance in the event of a disaster.

Does anyone need assistance with evacuation and/or getting to the shelter/location?

Yes – No

If you need assistance, who will provide it and how will you contact them?

| Name | Phone Number | Email Address |
|------|--------------|---------------|
| | | |
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What are two safe evacuation routes out of your neighborhood/town?

| First Route | Second Route |
|-------------|--------------|
| | |
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What are two routes to get to your shelter/place where you will meet your family/household members?

| First Route | Second Route |
|-------------|--------------|
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To locate your nearest shelter, contact your local Department of Emergency Management.

Do you know the location of the shelter or place you can go to that can meet your needs if you have to evacuate your home?

Yes – No

| Name | Location |
|------|----------|
| | |
| | |

Picking up family/household members

What are the arrangements for picking up individuals who may be at work, school/day program?

| Who? | Who'll pick them up? | Pick up Location? | Special Instruction |
|------|----------------------|-------------------|---------------------|
| | | | |
| | | | |
| | | | |

Meeting Places

Choose three places to meet:

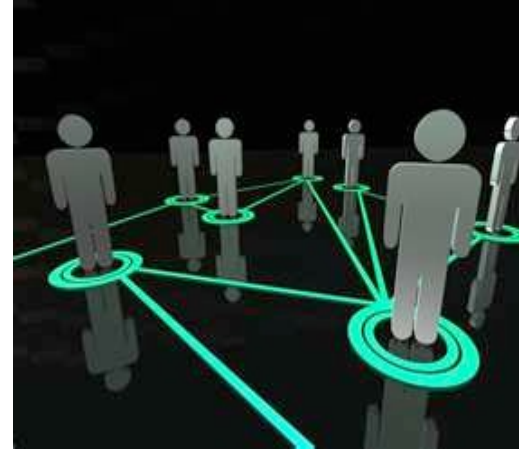
- 1) Outside your home,
- 2) Outside your neighborhood
- 3) Outside of town (relative/friends home)

| | |
|------------------------------------|--|
| Meeting Place outside home | |
| | |
| Meeting Place outside neighborhood | |
| | |
| Meeting Place out of town | |
| | |
| | |
| | |

Step 3: Identify Your Social/Support Network

Household Family Members

Identify individuals and pets living in your home. Include names, relationship, age, contact information and any special considerations.



| Name & age | Contact Info | Special Consideration |
|------------|--------------|-----------------------|
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Social/Support Network Contact Information & Their Plan

Early on, identify the need for additional assistance in the event of an emergency/disaster. It's possible that on a day-to-day basis you and/or your family members can function independently inside your home, but think how you or others may need assistance if something were to happen. These individuals/service providers that you identify will become your social support network. Try to expand your social/support network to include new providers and individuals. The bigger your support base, the better you will be in maintaining support in the event of an emergency/disaster. Talk with others about their emergency/disaster plan. Consider pooling resources and creating a plan together.

Meet with these individuals/service providers to prepare and review your emergency preparedness plan so everyone knows their responsibilities and roles.

| Name/Relationship | 2 Contact Numbers | Role/duty during event |
|-------------------|-------------------|------------------------|
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Be specific on roles/duties; include things like:

- Who will take care of the family if someone is away/at work?
- Who is able to provide transportation?
- Who will check on the family during the event?
- Who and where will the family shelter during an evacuation? Think about friends, day programs and the possibility developing a plan for a shelter.

Out-of-State Social/Support Network

Ask a friend or relative who does not live in the area/state to be your 'out-of-area' contact. Many times during disasters, in-state telephone lines and cellular networks are jammed and down. There is a better chance of making contact if you identify a long distance number, send a text message long distance or an email.

Family members should memorize numbers and/or carry an emergency contact card and/or put it in their cell phones (page 34). These numbers will be called if you're not able to make contact with their local support system and/or you've become distressed. Your 'out-of-area' contact can coordinate a reconnecting location and time for your support network.

| Name/Relationship | Phone Number | Email Address |
|-------------------|--------------|---------------|
| | | |
| | | |

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| | | |
| | | |

Important Phone Numbers/Emails you may need:

Step 4: Getting a Disaster Kit Together

Go-Kit

This should be a portable disaster kit that is easy to grab if you have to evacuate your home immediately. Remember to adjust the items to the specific needs of each family member.



Includes:

- Copy of this plan (names/picture of family & pets)
- Identification card with picture
- Important documents (stored in a water tight portable container i.e. Ziploc baggie)
 - Wills, Medical Power of Attorney, Medical Directives, Medical Records (highlight/overview)
 - Insurance Policies
 - Contracts/agreements
 - Deeds
 - Birth Certificates
 - Utility Bills (indicates residency)
 - Passports, Social Security Cards
 - Inventory or Digital record of your property/valuables
- Cash/Credit Card (ATM's may not be working)
- List of Daily/Maintenance medications
- Minimum of 4 - day supply of medications

- Change of clothing for each person
- Incontinence Supplies
- Snacks
- Bottle water for each member (include pets)
- Essential/easily transportable medical equipment/supplies
 - *See specialized list below for possible functional needs supplies/equipment you may need to include*
 - *If you enter a 'General Population' shelter, notify the shelter manager of your need for medical equipment*

Basic Disaster Kit - Being Self-sufficient for 96 hours

This kit should be stored close by your shelter-in-place location. It's larger than your Go-Kit. Your Go-Kit can be used to compliment your Disaster Kit.

The kit provides food, water and all items to meet your needs and those of your support members for at least 4 days. Remember to rotate perishable items every six months or so. A good reminder is when you change your smoke detectors, rotate the perishable items. Also, put a note in/on your calendar. Remember to adjust the items to the specific needs of each member of your household.

- Water
 - *Canned vegetables, fruit, juices and meats may also supply a source of water as well as nourishment.*
- Purifying agent: household bleach
- Food: non-perishable, compact, ready-to-eat
- Stress foods: sugar cookies, hard candy
- Smoked or dried meats: beef jerky
- High energy foods: peanut butter, trail mix, nuts
- Medications: prescriptions (minimum one week supply)

- Over-the-Counter Medications
 - Tylenol/Ibuprofen
 - Antacid, Laxative, anti-diarrheal
 - Antihistamine/Allergy Medications: Benadryl
 - Hydrogen Peroxide & Antibacterial Ointments
- Basic First Aid Kit
- Tools & Supplies: for basic repairs and rebuilds for your specific needs
- Eating & drinking utensils/plates
 - Special utensils
- Battery and/or hand-crank radio
 - Extra batteries
- Baggies/aluminum foil
- Manual can opener
- Flashlight and extra batteries
- Whistle
- Utility knife
- Paper/pencil
- Toilet paper
 - Trash bags to collect & dispose of human waste
- Soap/personal hygiene/hand sanitizer
- Feminine products
- Blankets - pillows
- Entertainment
 - Games
 - Toys: non-electronic
 - Crossword puzzles

Specialize your Kit for those with functional needs

Every individual has different needs, so each kit will be specialized. Below are some possible ideas.

- Emergency Card: Pertinent Information about the individual
 - Primary medical diagnosis
 - Communication devices
 - Dependent medical/adaptive devices
 - Allergy/medication/dietary list
 - Contact information for a responsible party
- Glasses, hearing aids with batteries
- Back-up adaptive devices
- Items that assist with the individual in adjusting to change
- Items that the individual may be dependent upon for familiarity and security
- Think about what items are needed: _____
- _____
- _____
- _____

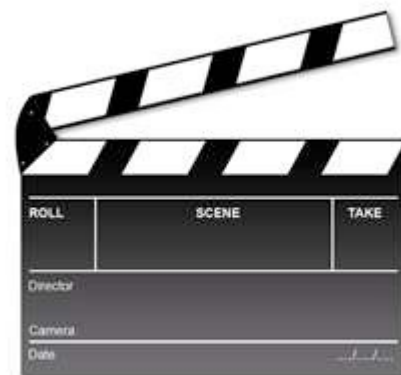
Service Animal/Pet Kit:

- Collar, leash, service harness - food – treats - medications
- Crate – blanket (for sleeping)
- Paperwork/documentation indicates service animal

STEP 5: Putting Your Plan Into Action

List of Action Steps

- Meet with your social/support network & review the entire plan
- Conduct a home hazard analysis to identify potential disaster threats that could impact your home.
- Post Emergency telephone numbers by phones & in your cell phone
- Teach family members when and how to call 9-1-1
- Try to keep one phone that is not cordless that can be used during power outages
- Maintain and keep your Go-Kit & Disaster Kit current
- Learn and practice with your family members when, how and where to turn off the water, electricity and gas to your home.
- Inventory and/or video your property and valuables. Keep a copy at another location.
- Maintain adequate life and property insurance coverages. (flood, fire, earthquake, wildfire, storm damage)
- Talk to neighbors and include them in your social/support network
 - Assist neighbors in developing/maintaining their plan
- Always keep enough gas in your car to evacuate
- Obtain and maintain First Aid and CPR certification
- Join your local CERT program: Community Emergency Response Team.
www.citizencorp.gov/cert



Practice and Maintain Your Plan

Review your plans every six months so everyone knows what to do. You have to take responsibility for your own plan and to involve your social/support network.

- Once a year conduct a practice drill providing you and your support network an opportunity to utilize the plan.
- Make adjustments to your plan. What was learned during your practice drill? 'Practice like you play'.

Getting and Staying Involved

Helping to prepare your community

- Maximize awareness about functional needs in an emergency and encourage participation in disaster preparedness activities.
- Link with your local preparedness organizations, service providers, and support organizations to encourage ongoing review and update of emergency plans that address functional needs.
- There are organizations in your community that host meetings and provide information on emergency preparedness (e.g. Citizen Corps). Join up and help encourage outreach and education related to functional needs
- To find out more information on Citizen Corps:

<http://www.citizencorps.gov/>

Be a Preparedness Leader

- Teach and encourage others to be prepared.

- Contact your local Citizen Corps program for teaching opportunities. Increase awareness of local hazards, issues, and preparedness actions.
- Get involved with your Arizona Statewide Independent Living Council (<http://www.azsilc.org/>) to help your community gain access to information and disability related programs in the State of Arizona
- Gather and share preparedness resources.
(<http://www.ready.gov/preparedness-leader>)
- Prepare service animals for an emergency.
<http://nod.org/assets/downloads/Readiness-Tips-Owners-Pets.pdf>

Volunteer

- Volunteer with community organizations, local schools, colleges and universities, healthcare institutions, church or synagogue, local businesses, Fire Department and/or Emergency Management.
- Get CERT Training (Community Emergency Response Team)
<https://www.citizencorps.gov/cc/searchCert.do?submitByZip>
- Find an opportunity with AZVOAD (Arizona Volunteer Organizations Assisting in Disaster) <http://www.azvoad.org/>
- Volunteer with a local Citizen Corps Program (Medical Reserve Corps),
<http://www.azdohs.gov/asccc/>
<https://medicalreservecorps.gov/HomePage>
- Get involved with your local amateur radio service:

| | |
|----------------------------------|-----------------------------------------------------------------|
| American Radio Relay League | http://www.arrl.org/home |
| Amateur Radio Council of Arizona | http://www.arca-az.org/ |
- Get involved with your local Meals on Wheels Program
<http://www.mowaa.org/>

- Find out more information on the Arizona Emergency System for Advance Registration of Volunteer Health Professionals (consider registering and encourage your health providers to register as well)
www.azdhs.gov/volunteer

Acknowledgements & Additional Information on Preparedness

Arizona Department of Homeland Security

www.azdohs.gov www.ready.gov

American Red Cross

www.redcross.com

Center for Disease Control and Prevention

www.emergency.cdc.gov/disasters/index.asp

Oklahoma State Department of Health

<http://www.ok.gov/health/documents/Emergency%20Preparedness%20Plan-Functional%20Needs%20.pdf>

Federal Emergency Management Agency

http://www.fema.gov/pdf/library/pfd_all.pdf

Arizona Department of Health Service

<http://www.azdhs.gov/phs/edc/edrp/index.htm>

Maricopa County Region 911

<http://maricoparegion911.org/>

Arizona Department of Emergency Preparedness

<http://www.justincasearizona.com/>

Arizona Emergency Information Network

<http://www.azein.gov/azein/default.aspx>

Texas Department of State Health Services <http://www.dshs.state.tx.us/default.shtm>

A Few Last Words

I can't THANK YOU enough for taking the time to develop your preparedness plan. You'll have a healthier outcome in the event of an emergency or disaster. You're also taking responsibility for your own safety, welfare and encouraging those around you. You may not be aware of it, but your interest in being prepared is helping others to continue in their preparedness.

I know from my own personal life story: I am a son of a quadriplegic father, the father of a son with severe cognitive delays, and a paramedic with a city fire department. I understand the devastation emergencies and disasters can cause to family and a community. The vulnerability of individuals with functional needs adds more sensitivity to the equation. Part of a plan is better than no plan at all. Please start today and continue building it tomorrow!

Ray Morris
Founder/CEO
Dads 4 Special Kids Inc.
Ray@dads4specialkids.org
602-909-5463

Emergency Reference Sheet

Household Emergency Information



just in case arizona
az211.gov

Contact information for household members. Please complete this form and keep it up to date. Make copies to share with each family member.

Family Member 1

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information: _____
 Location: _____
 Address: _____
 Phone Numbers: _____

Family Member 3

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information: _____
 Location: _____
 Address: _____
 Phone Numbers: _____

Family Member 2

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information: _____
 Location: _____
 Address: _____
 Phone Numbers: _____

Family Member 4

Name: _____
 Date of Birth: _____
 Social Security Number: _____
 Phone Number (Work): _____
 (Evening): _____
 (Mobile): _____
 Personal Email: _____
 Blood Type: _____
 Prescriptions: _____
 Business, School or Other Evacuation Information: _____
 Location: _____
 Address: _____
 Phone Numbers: _____

| Health and Home/Rental Insurance Information | Name | Telephone# | Policy# |
|----------------------------------------------|------|------------|---------|
| Health Insurance: | | | |
| Family Physician (1): | | | |
| Family Physician (2): | | | |
| Home Owners/Rental Insurance: | | | |
| Other (1): | | | |
| Other (2): | | | |

Primary Emergency Contacts

Out-Of-State

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone (Day): _____
 (Evening): _____
 (Mobile): _____
 Email: _____

Nearest Relative

Name: _____
 Relationship: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone (Day): _____
 (Evening): _____
 (Mobile): _____
 Email: _____

Nearest Neighbor

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Telephone (Day): _____
 (Evening): _____
 (Mobile): _____
 Email: _____

Local Emergency Officials

In a life threatening emergency, dial 911 or the local emergency medical service officials:

Nearest Police Department: _____

Address: _____
 Telephone: _____

Nearest Fire Department: _____

Address: _____
 Telephone: _____

Nearest Hospital: _____

Address: _____
 Telephone: _____

Family Reunion Locations

Location 1. Right outside your home _____

Location 2. Away from the neighborhood, in case you cannot return home:

Meeting Place: _____

Address: _____

Telephone Number: _____

Driving/Walking route(s): _____

In an Emergency Call 9-1-1

Call this number for emergency response only if:

- ☐ You are in danger
- ☐ You witness a crime in progress
- ☐ Someone has serious injuries or medical problems
- ☐ Situation needs urgent attention
- ☐ DO NOT CALL 9-1-1 for non-emergencies or to report a power outage



just in case arizona
 az211.gov

Emergency Information Form for Children With Special Needs



American College of
Emergency Physicians*

American Academy
of Pediatrics



Date form
completed
By Whom

Revised

Initials

Revised

Initials

Last name:

| | | | |
|------------------------------------------|--|----------------------------------------------------|------------------|
| Name: | | Birth date: | Nickname: |
| Home Address: | | Home/Work Phone: | |
| Parent/Guardian: | | Emergency Contact Names & Relationship: | |
| Signature/Consent*: | | | |
| Primary Language: | | Phone Number(s): | |
| Physicians: | | | |
| Primary care physician: | | Emergency Phone: | |
| | | Fax: | |
| Current Specialty physician: | | Emergency Phone: | |
| Specialty: | | Fax: | |
| Current Specialty physician: | | Emergency Phone: | |
| Specialty: | | Fax: | |
| Anticipated Primary ED: | | Pharmacy: | |
| Anticipated Tertiary Care Center: | | | |

Diagnoses/Past Procedures/Physical Exam:

| | |
|------------------|--------------------------------------|
| 1. | Baseline physical findings: |
| | |
| 2. | |
| | |
| 3. | Baseline vital signs: |
| | |
| 4. | |
| | |
| Synopsis: | Baseline neurological status: |
| | |
| | |

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:**Medications:****Significant baseline ancillary findings (lab, x-ray, ECG):**

1.

2.

3.

4.

5.

6.

Prostheses/Appliances/Advanced Technology Devices:**Management Data:****Allergies: Medications/Foods to be avoided****and why:**

1.

2.

3.

Procedures to be avoided**and why:**

1.

2.

3.

Immunizations (mm/yy)**Dates**

DPT

OPV

MMR

HIB

Dates

Hep B

Varicella

TB status

Other


Antibiotic prophylaxis:

Indication:

Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements**Problem****Suggested Diagnostic Studies****Treatment Considerations****Comments on child, family, or other specific medical issues:****Physician/Provider Signature:****Print Name:**

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Ready

Prepare. Plan. Stay Informed.

Family Emergency Plan



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan




EMERGENCY CONTACT NAME:
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME:
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE:
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready 

< FOLD HERE >

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan




EMERGENCY CONTACT NAME:
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME:
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE:
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready 

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan




EMERGENCY CONTACT NAME:
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME:
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE:
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready 

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ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION:

Family Emergency Plan




EMERGENCY CONTACT NAME:
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME:
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE:
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready 



How to Self Disclose a **Functional Need** to your local Fire Department

After completing this form, take it to the closest fire station to your residence. If you're not sure which station is the closest to you, stop at a fire station and ask the firefighters which station services your residence. When arriving at the station in your neighborhood, inform them that:

You'd like to self-disclose a functional need.

- This information will enable the fire department to provide more effective service.

By having crucial information prior to an incident:

- The firefighters will have crucial information prior to arriving on scene.
- This disclosed information provides firefighters and Emergency Service Managers with crucial information for preplanning.
- You're providing the location of an individual who has a high probability of requiring rescue and/or emergency medical treatment.
- You'd like your fire department to place this information under 'Premise Alert' in the Computer Aid Dispatching System. This way any fire truck responding to your residence will have this crucial information.
- Inform them that the resident/household has an emergency/disaster plan and is preparing to be self-sufficient for 96 hours in the event of a disaster.

You will provide them with current information when conditions change and confirm that the information is current every 3 years. If I fail, please remove my information from the system.

Make a copy to keep for yourself.



Self-Disclosed Information

Name: _____

Address: _____

Primary Medical Disability: _____

The primary location within the residence: _____

Ability to self rescue and evacuate? Yes - No

Do you have an Emergency/Disaster Plan? Yes - No

Are you self sufficient for 96 hours? Yes - No

Off site responsible party: _____

Special information: _____

Responsible party for maintaining current information: _____

Contact information: _____

I _____, willingly disclose the above information to the fire department in order to provide vital information prior to an emergency, enabling responders to provide effective service.

Signature: _____ Date: _____

Witness: _____ Date: _____