PreparedBC: Household Emergency Plan
Family last name and home address:

Family member contact information:
Full name:                  Phone:                  Email:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Pet information:
Name:                  Type/Breed:                Colour:                Registration/ID:
________________________________________________________
________________________________________________________
________________________________________________________

Plan of action:
1. The disasters most likely to affect our household are:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. The escape exits from our home are:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. If separated during an emergency (i.e. if at work or school), the meeting place near our home is:
   ____________________________________________________________

4. The route to get to our neighbourhood meeting place is:
   ____________________________________________________________
   ____________________________________________________________

TIP: Keep this plan in an easy-to-find, easy-to-remember place (for example, with your emergency kit). You may also want to make duplicate copies to keep in your car and/or at work.

TIP: Your family may not be together when a disaster occurs, so it’s important to practice what you’ve planned so you know how to connect with each other in the case of an emergency. Be sure to discuss what you would do in different situations. Review and update your plan yearly.

TIP: Your pets should wear current identification tags and have their vaccinations up-to-date at all times. Along with your information on their tag, also include the phone number of your out-of-area contact.
5. If we cannot return home or are asked to evacuate, the meeting place outside of our neighbourhood is:

6. The route to get to our meeting place outside of our neighbourhood is:

7. The room we would go to in our home if we are asked to “shelter-in-place” (that is, stay inside and seal off doors, windows and vents) is:

School-aged children:
People designated to pick up children from school:
Name: __________________________ Phone: __________________________ Email: __________________________
________________________________________________________________________
________________________________________________________________________

**SCHOOL NAME(S) AND ADDRESS(ES)**

<table>
<thead>
<tr>
<th>School name</th>
<th>Child attending</th>
<th>School address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School name</th>
<th>Child attending</th>
<th>School address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TIP:** Pack an envelope in your child(ren)'s backpack that contains your contact information, a recent photo of your family, their health information or special requirements, and your out-of-area contact’s information.

**TIP:** Inform your child(ren)'s school who you’ve designated to pick them up if you are unable.

**TIP:** Check with your child(ren)’s school or daycare about their emergency plans. Ask how they will communicate with families during an emergency and what type of authorization they require to release your child(ren) to a designated person if you are unable to pick them up yourself.
You can use these symbols to mark the location of utilities:

Electricity Water Gas
Our neighbours:

<table>
<thead>
<tr>
<th>Street address:</th>
<th>Street address:</th>
<th>Street address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s):</td>
<td>Name(s):</td>
<td>Name(s):</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Skills/resources:</td>
<td>Skills/resources:</td>
<td>Skills/resources:</td>
</tr>
<tr>
<td>Emergency role:</td>
<td>Emergency role:</td>
<td>Emergency role:</td>
</tr>
<tr>
<td>Other notes:</td>
<td>Other notes:</td>
<td>Other notes:</td>
</tr>
</tbody>
</table>

- Street address:
  - Name(s):
  - Phone:
  - Email:
  - Skills/resources:
  - Emergency role:
  - Other notes:

- Street address:
  - Name(s):
  - Phone:
  - Email:
  - Skills/resources:
  - Emergency role:
  - Other notes:

- Street address:
  - Name(s):
  - Phone:
  - Email:
  - Skills/resources:
  - Emergency role:
  - Other notes:
Our out-of-area contact(s):
- After a major disaster, local phone service may be limited, so phone your out-of-area contact to keep in touch with your family
- Listen to the radio or TV for phone-use instructions, then call your contact person to say how you are, where you are and what your plans are
- Keep the call short and, if possible, arrange to call back at a specified time for another check-in

OUT-OF-AREA CONTACT:

Name: 
City/Province: 
Phone: 

PLACES TO MEET FAMILY:

Working days location:
daytime: 
evening: 

Non-working days location:
daytime: 
evening: 

Family member health information
Full Name: 
Care card number: 

Medications, medical equipment or other health information:
Full Name: 
Additional health information: 

TIP:
Keep a month’s supply of prescription medication in your grab-and-go bag. Be sure to check it regularly and replace before it expires. Also, store an extra set of contact lenses and prescription glasses, if possible.
FAMILY DOCTOR(S):
Name: ___________________________ Phone: ___________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Household utilities:
1. Location of fire extinguisher(s):

2. Water valve location:
   a. Utility company phone number: ___________________________

3. Electrical panel location:
   a. Utility company phone number: ___________________________

4. Gas valve location:
   a. Utility company phone number: ___________________________

5. Floor drain location: ___________________________

Other information:
Insurance agent/company contact information and policy number:
Home: ___________________________
Auto: ___________________________
Life: ___________________________

Emergency kit location: ___________________________

TIP:
If you suspect a gas leak, turn off the gas valve and leave immediately. Do not try to turn it back on. Only a registered gas contractor can do that safely.

TIP:
Make large, easy-to-see signs indicating the location of the water and gas shut-offs, as well as for the front of the electrical panel.

TIP:
Check with your insurance agent/company about what sort of assistance they can provide if you are evacuated for your home or cannot return.
## Basic Emergency Supply Kit

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid kit and medications</td>
<td></td>
</tr>
<tr>
<td>Battery-powered or hand crank radio</td>
<td></td>
</tr>
<tr>
<td>Battery-powered or hand crank flashlight with extra batteries</td>
<td></td>
</tr>
<tr>
<td>Cell phone with chargers, inverter or solar charger</td>
<td></td>
</tr>
<tr>
<td>Local maps (identify a family meeting place) and some cash in small bills</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>four litres per person per day for at least three days, for drinking and sanitation</td>
</tr>
<tr>
<td>Dust mask</td>
<td>help filter contaminated air</td>
</tr>
<tr>
<td>Seasonal clothing and footwear</td>
<td></td>
</tr>
<tr>
<td>Garbage bags, moist towelettes and plastic ties for personal sanitation</td>
<td></td>
</tr>
</tbody>
</table>
Emergency Contact Information Cards
You and each family member should carry this card at all times

EMERGENCY CONTACT INFORMATION CARD
- After a major disaster, local phone service may be limited, so phone your out-of-area contact to keep in touch with your family
- Listen to the radio or TV for phone-use instructions, then call your contact person to say how you are, where you are and what your plans are
- Keep the call short and, if possible, arrange to call back at a specified time for another check-in

TIP:
Plan for each family member to call or e-mail your out-of-area contact in the event of an emergency. Let them know if you are okay, where you are located and when you will be calling them back. Teach young children how to make this call as well.
### Out-of-area contact

<table>
<thead>
<tr>
<th>Name</th>
<th>City/Province</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Places to meet family

<table>
<thead>
<tr>
<th>Working days location</th>
<th>evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>daytime</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-working days location</th>
<th>evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>daytime</td>
<td></td>
</tr>
</tbody>
</table>

---

### TIP:

If you have or a family member has physical, medical, sensory or cognitive disabilities, or require(s) extra assistance, be sure to establish a support network of friends, relatives, health-care providers, co-workers and neighbours who understand these special needs.