

# EMERGENCY PLAN FOR PEOPLE WITH DISABILITIES AND OLDER PENNSYLVANIANS



Make sure you and your family and friends have a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, what mobility and/or medication issues will need to be dealt with and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can find it quickly during a disaster.

## EMERGENCY CONTACTS

\_\_\_\_\_

First Contact Name

\_\_\_\_\_

Second Contact Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Email

\_\_\_\_\_

Email

\_\_\_\_\_

Relationship

\_\_\_\_\_

Relationship

## SPECIAL MEDICAL NEEDS OR DISABILITIES (Like diabetes, epilepsy, heart conditions, high blood pressure, etc.)

\_\_\_\_\_

Special Medical Needs / Disability

## MEDICATIONS

\_\_\_\_\_

Name of Medication

\_\_\_\_\_

Name of Medication

\_\_\_\_\_

Reason for Taking

\_\_\_\_\_

Reason for Taking

\_\_\_\_\_

Dose and How Often it's Taken

\_\_\_\_\_

Dose and How Often it's Taken

\_\_\_\_\_

Name of Medication

\_\_\_\_\_

Name of Medication

\_\_\_\_\_

Reason for Taking

\_\_\_\_\_

Reason for Taking

\_\_\_\_\_

Dose and How Often it's Taken

\_\_\_\_\_

Dose and How Often it's Taken

**DIAL 911 FOR EMERGENCIES**

# EMERGENCY PLAN FOR PEOPLE WITH DISABILITIES AND OLDER PENNSYLVANIANS



## ALLERGIES

\_\_\_\_\_

Allergy

\_\_\_\_\_

What Happens

## MEDICAL EQUIPMENT USED (This may include wheelchair, crutches, home dialysis, respirator, oxygen, etc.)

\_\_\_\_\_

Type of Equipment

\_\_\_\_\_

Type of Equipment

\_\_\_\_\_

Type of Equipment

\_\_\_\_\_

Type of Equipment

## IMPORTANT INFORMATION:

### TELEPHONE NUMBER

### POLICY NUMBER (if needed)

\_\_\_\_\_

Doctor's Name

\_\_\_\_\_

Other Doctor

\_\_\_\_\_

Pharmacist

\_\_\_\_\_

Medical Insurance

\_\_\_\_\_

Homeowners / Rental Insurance

\_\_\_\_\_

Veterinarian / Kennel (For Pets)

\_\_\_\_\_

\_\_\_\_\_

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**DIAL 911 FOR EMERGENCIES**

# EMERGENCY PLAN FOR PEOPLE WITH DISABILITIES AND OLDER PENNSYLVANIANS



Make sure you and your family and friends have a plan in case of an emergency. Fill out these cards and give one to each of them to make sure they know who to call and what steps to take in case of an emergency.

 **EMERGENCY PLAN** 

_____	_____
First Contact Name	Telephone
_____	_____
Second Contact Name	Telephone
_____	_____
Doctor	Telephone
_____	_____
Special Medical Needs / Disabilities	
_____	

DIAL 911 FOR EMERGENCIES

**IMPORTANT MEDICAL INFORMATION**

\_\_\_\_\_

Medications

\_\_\_\_\_

\_\_\_\_\_

Allergies

\_\_\_\_\_

\_\_\_\_\_

Equipment Used

^  
FOLD  
HERE  
v

 **EMERGENCY PLAN** 

_____	_____
First Contact Name	Telephone
_____	_____
Second Contact Name	Telephone
_____	_____
Doctor	Telephone
_____	_____
Special Medical Needs / Disabilities	
_____	

DIAL 911 FOR EMERGENCIES

**IMPORTANT MEDICAL INFORMATION**

\_\_\_\_\_

Medications

\_\_\_\_\_

\_\_\_\_\_

Allergies

\_\_\_\_\_

\_\_\_\_\_

Equipment Used