

## CITY OF PALM SPRINGS Your Household Emergency Preparedness Plan



Household Address			Date Plan Created							
Family Member Contact Information										
Name (First and Last)	Home Phone	Cell Phone	Email Address							
List the emergencies most likely to affect our household										
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Examples might be power outage for an extended period of time, fire, incapacitating fall when home alone										
1.										
2.										
3.										
4.										
List two escape routes from your home, from each bedroom in your home.										
1.										
2.										
Bedroom 1										
Bedroom 2										
Bedroom 3										
Bedroom 4										
Home evacuation meeting p	oint:									
Meeting location in the neighborhood										
Meeting location outside of the neighborhood										
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**Out of Area Contact:** In the event your household is separated or unable to communicate with each other. Let this contact person know where you are located and that you are ok. They will pass that information on to the rest of the family as calls come in.

Name:

Phone number: Email address:

Family Member Contact Information for School/Work									
Name (First and Last)	Work/ School Name	Work/School Address		Work Phone		Work/School Email Address			
Family Member Med	ical Information	1							
Name (First and Last)	Doctor's Name	Doctor / Denti Phone	Doctor / Dentist Alle Phone Co		al	Insurance Name and Policy Number			
Pet (s) Information									
Name	Туре		Color			Registration			
Other notes of things	to remember in	an emergency:							