



Emergency Go - Kit Passport



Emergency Go-Kit Passport

Oregon Office of Emergency Management

Websites

www.oregon.gov/OMD/OEM

www.facebook.com/OMDOEM

www.twitter.com/OregonOEM

Telephone

503-378-2911





This is your Emergency Go-Kit Passport which contains your emergency information. Take the time to work through this passport and create a valuable family emergency action plan.

How to use this Emergency Go-Kit Passport

Take the time with family members to fill this passport with the information you will need in an emergency.

Use this passport to create a record of your important information. Keep current medical and communication information in one easy-to-find location.

Put this passport with your emergency medications in your refrigerator or in your go-kit. Put a copy in your child's backpack. Keep a copy at work.

Seven Step Emergency Action Plan

- 1. Identify Hazards in or around your home**
- 2. Create a Disaster Action Plan**
- 3. Prepare Emergency Go-Kits**
- 4. Identify weaknesses**
- 5. Protect yourself during a disaster**
- 6. Evacuate, if necessary**
- 7. Follow your plan**



Personal Information

Full Name:

Address:

Phone :

Phone :

Local Emergency Management:

Non-Emergency Police:

School:

Phone :

School:

Phone :

Employer:

Phone :

Employer:

Phone :



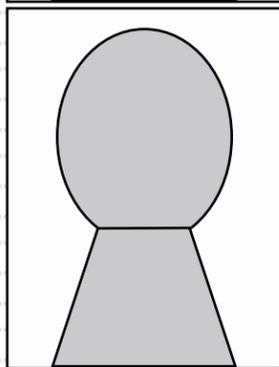
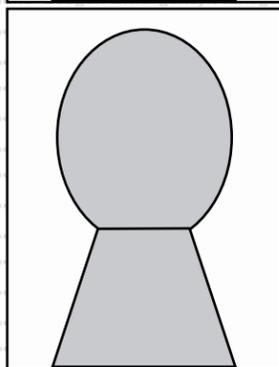
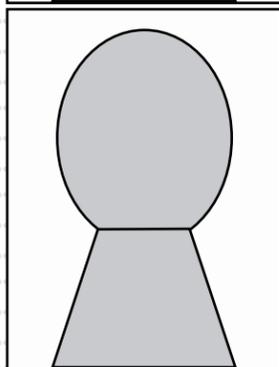
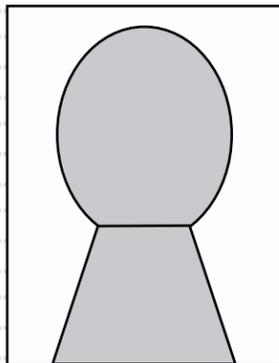


Who lives with you?

Name

Relationship

Photo



Include pictures of anyone, including pets, that live with you.

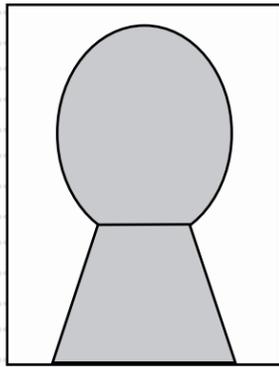
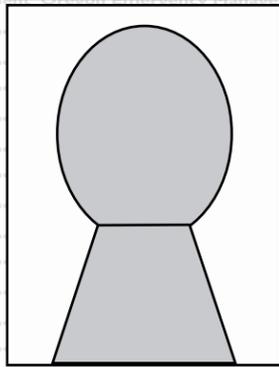
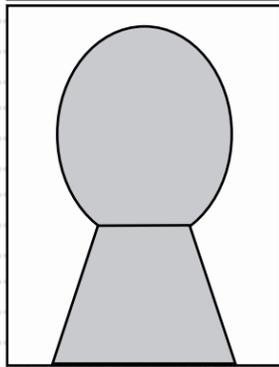
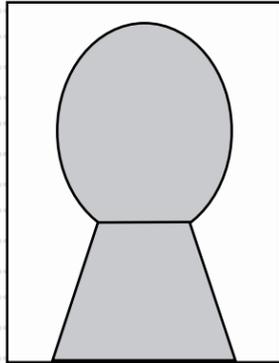


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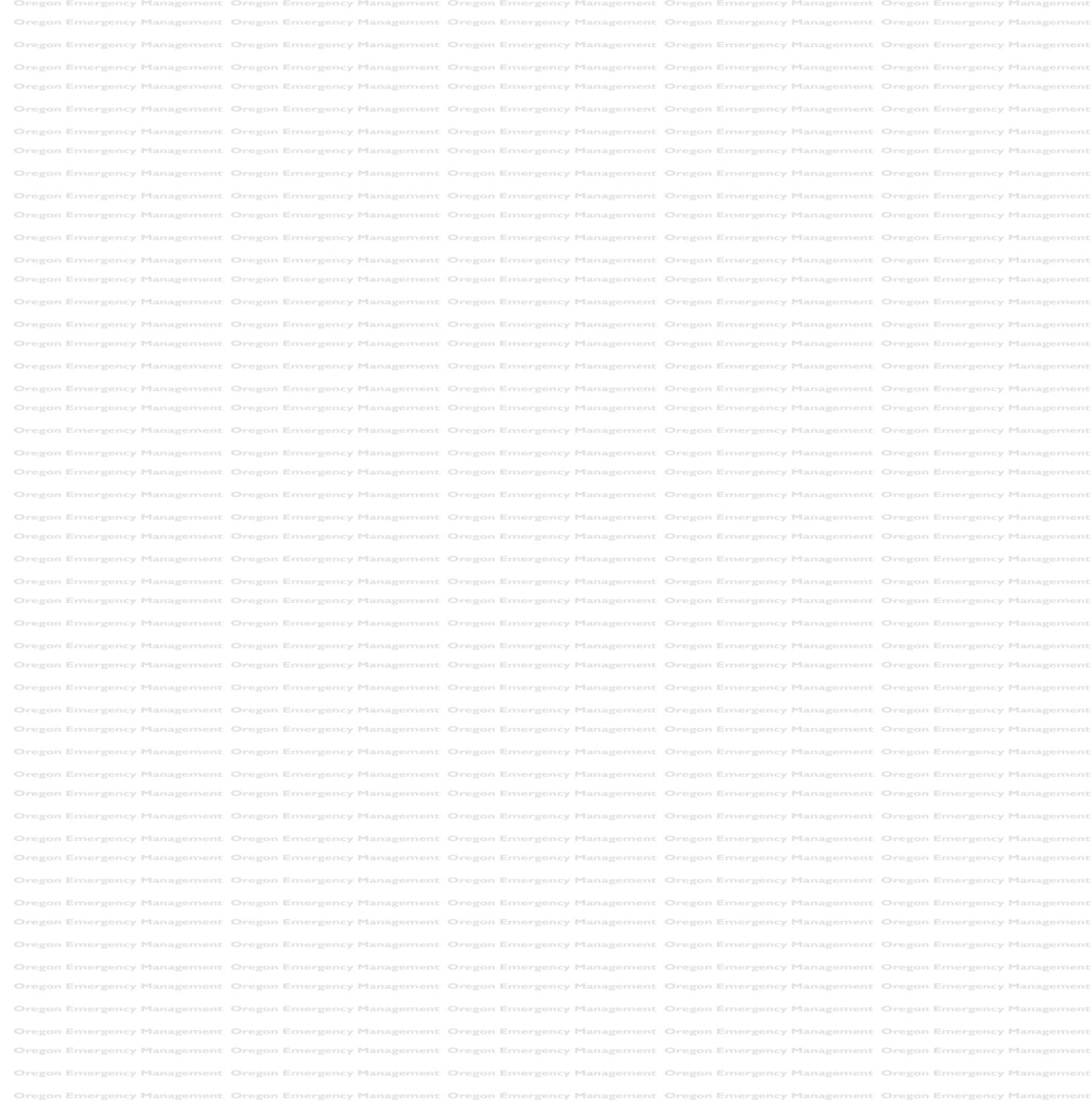
Draw a map or paste a **map of your neighborhood** on this page.
Show evacuation routes, assembly areas, etc.



Know what kind of natural hazards are in your area and how to get alerts on a weather alert radio. Tornado? Flood? Earthquake? Wildfire? Tsunami? Winter Storm?



Draw a map or paste a **map of your work or school** on this page.
Show evacuation routes, assembly areas, etc.



Don't assume that you have no natural hazards in your area just because there hasn't been a disaster in recent memory. Knowledge and preparation can mean the difference between life and death.





Personal Information

Current Medical Conditions:

(Diabetes, Cardiac, High Blood Pressure)

Known Allergies:

Blood Type:

Pacemaker: Yes No Type

Internal Defibrillator: Yes No

Implants (location):

Advance Medical Directive? Yes No

Organ Donor? Yes No

Religious Preference:

Additional Information:



Your Doctors' Information

Doctor's Name:

Clinic/Hospital Name:

Location/Address:

Phone ☎:

Email:





Your Pharmacy Information

Pharmacy Name:

Location:

Phone :

Pharmacy Name:

Location:

Phone :

Pharmacy Name:

Location:

Phone :

Pharmacy Name:

Location:

Phone :

Program your cell phone with an ICE (in-case-of-emergency) number. Emergency personnel will look for your ICE listing to know who to contact.



Immunization Record

Date of next dose												
Health Professional or Clinic												
Date given Mo/day/yr												
Type of Vaccine												





Current Prescription Medications

(Write or paste your prescription labels here)

Name of Drug:

Date Prescribed:

Prescribing Doctor:

Dosage:



Current Prescription Medications

(Write or paste your prescription labels here)

Name of Drug:

Date Prescribed:

Prescribing Doctor:

Dosage:





Current Prescription Medications

(Write or paste your prescription labels here)

Name of Drug:

Date Prescribed:

Prescribing Doctor:

Dosage:



Current Prescription Medications

(Write or paste your prescription labels here)

Name of Drug:

Date Prescribed:

Prescribing Doctor:

Dosage:





Current Prescription Medications

(Write or paste your prescription labels here)

Name of Drug:

Date Prescribed:

Prescribing Doctor:

Dosage:



Current Over-the-Counter Medications

(Write or paste label here)
(Vitamins, Aspirin, Herbal Supplements, Antacids, etc.)

Blank area for writing over-the-counter medication information.





Your Insurance Carrier

Company Name:

(circle one) Medical/Dental/Vision/Homeowner/Renter/Automobile

Phone ☎:

Insurance ID #:

Insurance Group #:

Website/Email:

Company Name:

(circle one) Medical/Dental/Vision/Homeowner/Renter/Automobile

Phone ☎:

Insurance ID #:

Insurance Group #:

Website/Email:

Company Name:

(circle one) Medical/Dental/Vision/Homeowner/Renter/Automobile

Phone ☎:

Insurance ID #:

Insurance Group #:

Website/Email:



Your Insurance Carrier

Company Name:

(circle one) Medical/Dental/Vision/Homeowner/Renter/Automobile

Phone ☎:

Insurance ID #:

Insurance Group #:

Website/Email:

Company Name:

(circle one) Medical/Dental/Vision/Homeowner/Renter/Automobile

Phone ☎:

Insurance ID #:

Insurance Group #:

Website/Email:

Company Name:

(circle one) Medical/Dental/Vision/Homeowner/Renter/Automobile

Phone ☎:

Insurance ID #:

Insurance Group #:

Website/Email:





Your Pet Information

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone ☎:

Website/Email:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone ☎:

Website/Email:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone ☎:

Website/Email:

Text messages can often get through when telephone calls won't.



Your Pet Information

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone ☎:

Website/Email:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone ☎:

Website/Email:

Type of Animal:

Name of Animal:

Name of Veterinarian:

Phone ☎:

Website/Email:

If you feel an earthquake, remember to DROP, COVER and HOLD ON!





Basic Emergency Kit

Water, one gallon per person per day

Food, at least a three-day supply in your Go-Kit
(Aim to have at least a 2-weeks supply in your kit at home)

Radio, battery-powered or hand-crank

Flashlight and extra batteries

First aid kit

Whistle to signal for help

Dust mask

Moist towelettes

Wrench or pliers to turn off utilities

Can opener for food

Local maps

Cell phone and chargers

Location of Emergency Kit:

Keep prescription medicines, and this passport, in the door of your refrigerator.



Additional Items for Emergency Kit

Prescription eyeglasses

Infant formula and diapers

Pet food and extra water for your pet

Important family documents (insurance papers, birth certificates, bank records)

Cash (small values, such as \$5 or \$10)

Emergency reference material such as first aid books

Sleeping bag or warm blankets

Complete change of clothing

Household chlorine bleach

Fire extinguisher

Matches in a waterproof container or a lighter

Feminine supplies and personal hygiene items

Toilet paper

Mess kits, paper cups and plates

Paper and pencil

Games, books, puzzles or other activities



