

# **Emergency Preparedness Begins at Home**

Planning ahead for an emergency will give you peace of mind and can keep your family and friends safe. Hanover officials are preparing for a range of possible emergencies, from hurricanes and blizzards to a flu pandemic and acts of terrorism. You can help also. Here are some simple steps you can take to prepare.

# • Family Communication Plan

Know how your family will contact each other and where you will meet.

# Food & Water

Have a 3-day food and water supply for each person in your home. Remember individual diet needs and plan for your pets.

#### **Bottled Water**

- \_ 1 gallon, per person, per day,
- and water for your pets
- \_ Keep in cool, dry place

## **Dry & Canned Foods**

- \_ Canned fruits, vegetables & meats
- \_ Baby food and formula
- \_ Manual can opener
- \_ Juice boxes, canned milk
- \_ Dried fruit, nuts, crackers, cereal bars
- Pet food

# • First Aid & Tools

Have a first aid kit with health products and prescription medicine.

#### **First Aid**

First Aid Kit:

- \_ Bandages, gauze, rubbing alcohol
- \_ Medical gloves and tape, scissors
- \_ Pain reliever
- Prescription medication and any pet medication

#### **Tools & Special Items**

Remember these important items:

- \_ Flashlight, battery-powered radio
- \_ Extra batteries
- \_ Cell phone

records

EMERGENCY DOCUMENT HOLDER: Medication list, bank account records, birth certificate, cash or traveler's checks, Family Emergency Plan, passport, copies of driver's license and Insurance policies. Family Immunization records and important telephone contact numbers (close relatives, doctors, etc.). Pet Immunization

## **Health Products**

\_ Soap, toilet paper, tooth paste, diapers, etc.

# Evacuation Kit

Have supplies ready in your car or in a backpack in case you must leave home. Pack lightly and include basic supplies for 24 to 48 hours and your **EMERGENCY DOCUMENT HOLDER**.

\_ A change of clothing

\_ First aid supplies

- \_ Bottled water and cereal bars
- Prescription medicine

# Review

Every 6 months review your plans and supplies with everyone in your home. Replace expired food, water, and medicine. Update your communication plan.



# Family Emergency Plan



Make sure your family has 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, where you will go 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 access it in the event of a disaster.

Out-of-Town Contact Name:	Telephone Number:
Email:	
Neighborhood Meeting Place:	Telephone Number:
Regional Meeting Place:	Telephone Number:
Evacuation Location:	Telephone Number:
Fill out the following information for each family m	ember and keep it up to date.
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One	School Location One
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Work Location Two Address:	School Location Two Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Work Location Three Address:	School Location Three Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
Other place you frequent Address:	Other place you frequent Address:

Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			



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.

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EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NAME: TELEPHONE:	
OUT-OF-TOWN CONTACT NAME: TELEPHONE:		OUT-OF-TOWN CONTACT NAME: TELEPHONE:	
NEIGHBORHOOD MEETING PLACE: TELEPHONE:		NEIGHBORHOOD MEETING PLACE: TELEPHONE:	
OTHER IMPORTANT INFORMATION:		OTHER IMPORTANT INFORMATION:	
DIAL 911 FOR EMERGENCIES Ready	;	DIAL 911 FOR EMERGENCIES	Ready
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