MAKE A PLAN

Once you have completed this list, make copies to share with those close to you.

Our meeting spot: Where will we meet in an emergency?	
Location in your neighborhood:	
Location outside your neighborhood	
Alternate Location outside our neigh	iborhood:
Out of area contact: Who will you check in with outside the area? Share this information with your people so can you all communicate to one central person.	
Name:	
Location:	Phone:
, ,	family with whom you'll coordinate. you before, during and after an emergency to ensure you
Name:	Phone:



Important medical contacts

Having important medical contacts for household members and pets is critical in case you need to leave your home after a disaster.

Doctor:	Phone:	
Doctor:	Phone:	
Pharmacy:	Phone:	
Insurance Provider:	Phone:	
Group Number:	ID Number:	
Caregiver:	Phone:	
Pet Emergency:	Phone:	
Pet Name / Breed / Medical issues:		
Your medical information Include critical medical information, medical equipment, and allergies. Attach a current list of your prescriptions and dosages.		
If you need special transport in an emergency, please	contact Marin Center for Independent Living at	

If you need special transport in an emergency, please contact Marin Center for Independent Living at (415) 459-6245 today.

