

Pocket Response Plan™ (PReP™)	First Responders	Insurance Company	Utilities Company	Church/Temple	Medical Diagnosis
Family Contact Information	Police Department: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Life Insurance: Policy Holder: _____ Policy #: _____ Phone #: _____	Electricity/Gas: Phone #: _____	Location: _____ Clergy/Contact Phone: _____	Family Member: _____ Diagnosis: _____
	Fire Department Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Homeowners Insurance: Policy Holder: _____ Policy #: _____ Phone #: _____	Telephone: Phone #: _____	Medications	
	Emergency Medical/Ambulance Service: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Car Insurance: Policy Holder: _____ Policy #: _____ Phone #: _____	Water: Phone #: _____	Family Member: _____ Medications/Dose: _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	
	State Emergency Management: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Important Documents	Internet Provider: Phone #: _____		Family Member: _____ Diagnosis: _____
	Local Emergency Management: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Marriage Certificate: Location: _____	Cable/Satellite Provider: Phone #: _____	Medical Providers	
	Highway Patrol: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Social Security Cards: 1. _____ 2. _____ 3. _____ 4. _____	Hospital of Preference: Phone #: _____ Location: _____		
	Sheriff: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Home/Car Deed: Location: _____	Primary Care Physician: Phone #: _____ Location: _____		Family Member: _____ Diagnosis: _____
	County Public Health Department: Name: _____ Date of Birth: _____ Work: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____	Banking Institution: 1. _____ 2. _____	Pediatrician: Phone #: _____ Location: _____		
Out of Town Contact Information	Red Cross: Name: _____ Relationship: _____ Phone #: _____ Cell Phone: _____ E-mail: _____	Birth Certificates: Location: _____	Pharmacy: Phone #: _____ Location: _____	Family Member: _____ Medications/Dose: _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	
		Will: Location: _____	Veterinarian: Phone #: _____ Location: _____		Family Member: _____ Diagnosis: _____
		Passport: Location: _____			

Pocket Response Plan™ (PReP™)	Child Vaccination Record	Evacuation Plan	Emergency Preparation Kit	Special Instructions	Special Instructions
Adult Vaccination Record	<i>Name:</i> _____	<i>Neighborhood Meeting Location:</i>	<ul style="list-style-type: none"> • Generator/fuel • 1 gallon of water per person per day • Bleach (16 drops per 1 gallon of water) • Non-perishable foods (3 day supply) • Handheld can opener • Hand sanitizer • Blankets (1 per person) • Sleeping bags (1 per person) • Flashlight • Batteries (various sizes) • Portable radio/television • House keys • Paper/coin money • Change of clothes • Maps • Small tool kit • Moist towelettes • Infant formula and diapers • Book • Fire extinguisher • Weather radio • Pet food/feeding bowl • Pet water • Extra toothbrush/toothpaste • Bar soap • Shampoo • Feminine hygiene products • Toilet paper • Rubber gloves 		
<i>Name:</i> _____	Last Hep B: _____	Address: _____			
Last Tetanus: _____	Last Hib: _____	Phone #: _____			
Last Flu Shot: _____	Last DTaP: _____	Frequently Visited Location:			
Last Pneumonia: _____	Last Polio: _____	Address: _____			
<i>Name:</i> _____	Last Pneumococcal: _____	Phone #: _____			
Last Tetanus: _____	Last Pediarix: _____	Nearest Relative:			
Last Flu Shot: _____	Last MMR: _____	Address: _____			
Last Pneumonia: _____	Last Varicella: _____	Phone #: _____			
<i>Name:</i> _____	Last Meningitis: _____	Closest Interstate: _____			
Last Tetanus: _____	Last Hep A: _____				
Last Flu Shot: _____	Last Gardasil (HPV): _____	Evacuation Instructions			
Last Pneumonia: _____	Last Tdap/Tetanus: _____				
Child Vaccination Record	Last Rotavirus: _____				
<i>Name:</i> _____	<i>Name:</i> _____				
Last Hep B: _____	Last Hep B: _____				
Last Hib: _____	Last Hib: _____				
Last DTaP: _____	Last DTaP: _____				
Last Polio: _____	Last Polio: _____				
Last Pneumococcal: _____	Last Pneumococcal: _____				
Last Pediarix: _____	Last Pediarix: _____				
Last MMR: _____	Last MMR: _____				
Last Varicella: _____	Last Varicella: _____				
Last Meningitis: _____	Last Meningitis: _____				
Last Hep A: _____	Last Hep A: _____				
Last Gardasil (HPV): _____	Last Gardasil (HPV): _____				
Last Tdap/Tetanus: _____	Last Tdap/Tetanus: _____				
Last Rotavirus: _____	Last Rotavirus: _____	Shelter in Place Instructions	First Aid Kit		
<i>Name:</i> _____		<ul style="list-style-type: none"> • Have disaster kit ready • Have enough water and food for 3 days • Listen to local radio/television for instructions • If hurricane is approaching, board windows and secure lawn furniture, hanging plants, trash cans, etc. • Move family to an interior room with no windows • Do not use candles or open flames as a light source • Only use telephone for important calls so lines will be open for Emergency Responders • Listen to local officials for the “all clear” 	<ul style="list-style-type: none"> • Latex or vinyl gloves • Sterile dressings • Gauze • Tape • Antibiotic ointment • Burn ointment • Adhesive bandages • Thermometer • Scissors • Ace wrap • Tweezers • Lubricant • Tylenol/Motrin/Aspirin • Anti-diarrhea meds • Syrup of Ipecac (contact Poison Center) • Laxative Activated Charcoal (contact Poison Center) 		
Last Hep B: _____	Pet Name: _____				
Last Hib: _____	Type of Animal: _____				
Last DTaP: _____	Vaccinations: _____				
Last Polio: _____	1. _____				
Last Pneumococcal: _____	2. _____				
Last Pediarix: _____	3. _____				
Last MMR: _____	4. _____				
Last Varicella: _____	Pet Name: _____				
Last Meningitis: _____	Type of Animal: _____				
Last Hep A: _____	Vaccinations: _____				
Last Gardasil (HPV): _____	1. _____				
Last Tdap/Tetanus: _____	2. _____				
Last Rotavirus: _____	3. _____				
	4. _____				

Visit the following websites for additional information:
www.ready.gov
www.ncready.org
www.fema.gov/areyouready

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