

EMERGENCY



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Personal Assessment

Assistive Technology

- Do you use any type of medical device, device or a person to help you?
 - Use the bathroom
 - Get in or out of bed
 - Leave your house
 - Eat/fix a meal
 - Communicate
 - Take or remember medication
 - Other _____

Service Animal

- Do you have a service animal?
 - Yes
 - No
- How does it help you?

- Do you have a doctor's note saying you need it?
 - Yes
 - No

Emotional Support Animal

- Do you have an emotional support animal?
 - Yes
 - No
- How does it help you?

- Do you have a doctors note saying you need it?
 - Yes
 - No

380 South 4th Street,
Ste. 102
Boise, ID 83702



208-334-3800
Toll Free- 1-800-487-4866
<https://silc.idaho.gov>

Steps in preparing for an emergency



Idaho State Independent Living Council



Step 1: Do a personal assessment

A personal assessment is a list of questions that helps you figure out what you will need during an emergency. This will help you set up your emergency kit. It can also help emergency workers know what you need. A basic personal assessment has been included in this folder.

Step 2: Prepare an emergency plan

The second step to being prepared is to set up your emergency plan. An emergency plan is the steps you will do and how you will deal with an emergency. Every emergency plan should have the following things:

List of common emergency situations:

Have a list of local emergency situations. By knowing what could affect you, you can plan your emergency kit to address these different emergency situations.

Draw a house map:

A house map will help you see where/how you should evacuate and where important emergency supplies are located. Your map should have:

- Location you will meet family, friends or helpers in case of emergency (meeting location)
- Location of your emergency kit (where do you keep it?)
- Location of your nearest shelter
- Location of your mobility devices (usually next to you or near exits)

Communication Plan

A communication plan includes a list of your emergency contacts and other important numbers. Remember in a disaster you might not be able to use your cell phone. Keep a list of phone numbers:

- Emergency contacts (friends, family, service provider, and staff)
- Electric, gas and water company
- City, county and state police
- Your Pharmacist



Part of a communication plan is having a list of important information about you. You should have lists of the following:

- Current medications you are taking
- Food/drug allergies you may have
- Your preferred food

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Emergency Numbers

Name: _____

Cell: _____

Work: _____

Name: _____

Cell: _____

Work: _____

Name: _____

Cell: _____

Work: _____

Physician: _____

Pharmacy _____

Urgent Care Center _____

Local Police Station _____

County Non Emergency Number _____

Other _____

Other _____

Idaho State Police- (208) 736-3060

Poison Control-1-800-222-1222

Emergency- 911

Where to meet in a emergency:

Emergency kit location:

Other important information:



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Last update _____

Date of birth _____

Pharmacy & Phone _____

Write down all your prescriptions, over-the-counter medicines, vitamins, herbs, dietary supplements, oxygen, inhalers and homeopathic remedies

Medication name & date started	Dose (Mg, units, drops)	When taken (Daily, at bedtime)	Reason for taking (Blood pressure, diabetes,)	Prescribing health care provider & phone number

Complete this form and keep it in your folder at all times. Keep this list current by updating your medication information often. Place your file in your emergency kit for quick access by first responders and emergency personal. Bring your file with you to any hospital visit or emergency care center.



Medication list continued on back



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Pet Emergency Information

<p>Owner _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p>Caregiver _____</p> <p>Cell: _____</p> <p>Work: _____</p>	<p>Safe Haven Locations:</p> <p>Boarding/Kennel _____</p> <p>Hotel: _____</p> <p>Nearest Pet Shelter _____</p> <p>Veterinarian : _____</p>
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Pet information

Photo

Name _____

Nicknames _____

Features _____

Friendly _____

Food brand _____

Medication _____

Pet information

Photo

Name _____

Nicknames _____

Features _____

Friendly _____

Food brand _____

Medication _____

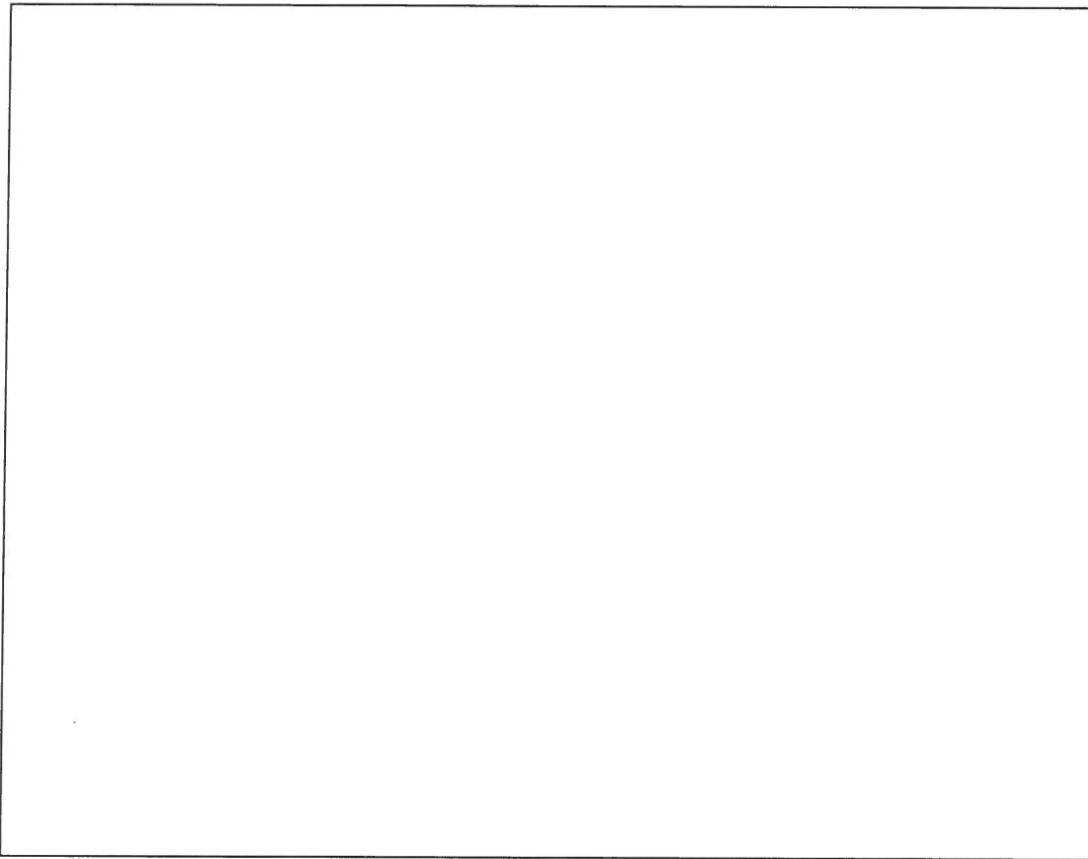
Animal emergency kit location



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House Map



- Escape routes
- Fire extinguisher
- Meeting place
- Earthquake safe zone
- Emergency kit location
- Pet supplies

Common Emergency Situations

Check the box if it's a possible emergency in your location. By knowing which disasters are most likely to effect you it allows you to be more prepared.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Heat wave | <input type="checkbox"/> Tsunami |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Hurricane | <input type="checkbox"/> Volcano |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Landslide | <input type="checkbox"/> Water safety |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Power outage | <input type="checkbox"/> Wildfire |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Terrorism | <input type="checkbox"/> Snow storm |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Thunderstorm | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food shortage | <input type="checkbox"/> Tornado | |