

This Emergency Go-Kit Passport brought to you by:

Oregon Emergency Management



Emergency Go-Kit Passport

Oregon Emergency Management

Website

www.oregon.gov/OMD/OEM

Blog

www.oem-oregon.blogspot.com

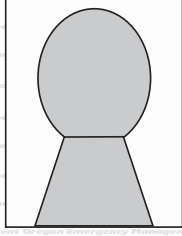
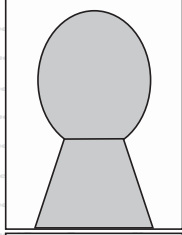
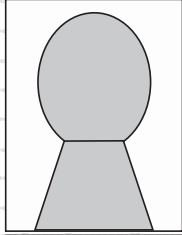
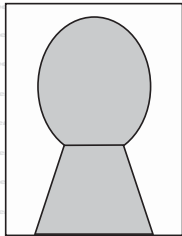
Telephone

503-378-2911



Who lives with you?

Name: **Relationship?** **Passport Photo**



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

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 or traveler's checks

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

Mess kits, paper cups and plates

Paper and Pencil

Games, books, puzzles or other activities

Basic Emergency Kit

Water, one gallon per person per day

Food, at least a three-day supply

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

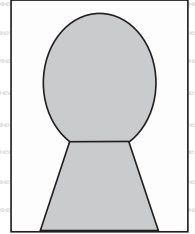
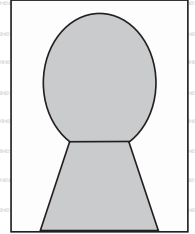
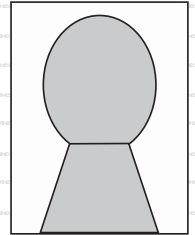
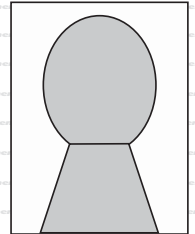
Location of Emergency Kit:

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

Name:

Relationship?

Passport Photo



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



Family Emergency Plan

Emergency Contact Name:

Telephone

Email:

Out-of-Town Contact Name:

Telephone

Email:

Neighborhood Meeting Place:

Telephone

CERT or Neighborhood Watch Contact:

Telephone

Email:

Additional Information:



Your Pet Information



Type of Animal:

Name of Animal:

Name of Veterinarian:

Telephone

Type of Animal:

Name of Animal:

Name of Veterinarian:

Telephone

Type of Animal:

Name of Animal:

Name of Veterinarian:

Telephone

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





Your Pet Information

Type of Animal:

Name of Animal:

Name of Veterinarian:

Telephone 

Type of Animal:

Name of Animal:

Name of Veterinarian:

Telephone 

Type of Animal:

Name of Animal:

Name of Veterinarian:

Telephone 

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



Family Emergency Plan

Draw or paste a floor plan of your house on this page.

Mark two escape routes from each room.

Where is the gas shut-off valve?

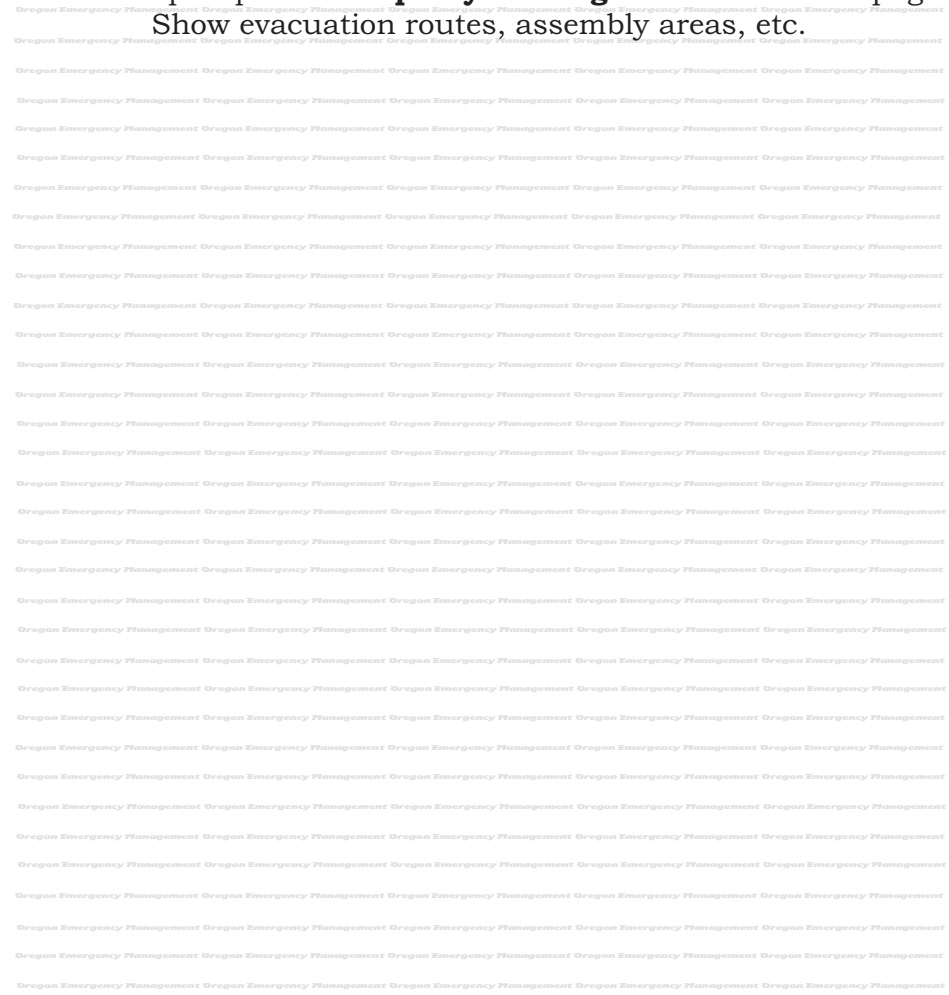
Where is the water shut-off valve?

Where are the oxygen tanks stored?





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? Hurricane?



Your Insurance Carrier



Company Name

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

Telephone ☎

Insurance ID #

Insurance Group #



Company Name

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

Telephone ☎

Insurance ID #

Insurance Group #



Company Name

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

Telephone ☎

Insurance ID #

Insurance Group #



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Telephone ☎

Insurance ID #

Insurance Group #

Company Name

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Insurance Group #

Company Name

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

Telephone ☎

Insurance ID #

Insurance Group #

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:

Pace Maker: Yes No Type

Internal Defibrillator: Yes No

Implants (Location)

Advance Medical Directive? Yes No

Organ Donor? Yes No

Religious Preference:

Additional Information:

Current Over-the-Counter Medications

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

Current Prescription Medications (Write or paste your prescription labels here)

Name of drug

Date of RX

Prescribing Dr.

Dosage **X's per day**

Name of drug

Date of RX

Prescribing Dr.

Dosage **X's per day**

Name of drug

Date of RX

Prescribing Dr.

Dosage **X's per day**

Name of drug

Date of RX

Prescribing Dr.

Dosage **X's per day**

Your Doctors' Information

Doctor's Name

Clinic/ Hospital Name

Telephone ☎

Doctor's Name

Clinic/ Hospital Name

Telephone ☎

Doctor's Name

Clinic/ Hospital Name

Telephone ☎

Doctor's Name

Clinic/ Hospital Name

Telephone ☎

Your Pharmacy Information

Pharmacy Name

Telephone ☎

Pharmacy Name

Telephone ☎

Pharmacy Name

Telephone ☎

Pharmacy Name

Telephone ☎

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.

Current Prescription Medications (Write or paste your prescription labels here)

Name of drug

Date of RX

Prescribing Dr.

Dosage X's per day

Name of drug

Date of RX

Prescribing Dr.

Dosage X's per day

Name of drug

Date of RX

Prescribing Dr.

Dosage X's per day

Name of drug

Date of RX

Prescribing Dr.

Dosage X's per day

Current Prescription Medications

(Write or paste your prescription labels here)

Name of drug	
Date of RX	
Prescribing Dr.	
Dosage	X's per day
Name of drug	
Date of RX	
Prescribing Dr.	
Dosage	X's per day
Name of drug	
Date of RX	
Prescribing Dr.	
Dosage	X's per day
Name of drug	
Date of RX	
Prescribing Dr.	
Dosage	X's per day

Immunization Record

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

