

MY PREPAREDNESS PLAN



Department of
Public Health
CITY OF PHILADELPHIA

FLOODING AND SEVERE STORMS

WHO WILL I CALL?

Phone numbers of household members: _____
Name Phone

Name Phone Name Phone

Emergency contact outside my neighborhood: _____
Name Phone

Doctor Phone: _____ Doctor Address: _____

Pharmacy Phone: _____ Pharmacy Address: _____

Where will I get information about the emergency?



WHERE WILL I GO?

Meeting place near home: _____

Meeting place outside my neighborhood: _____

How will I get here? _____

Place for my pets: _____

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WHAT WILL I NEED?

- One gallon of water per person per day
- Canned foods that won't go bad
- Flashlight
- Battery powered radio
- Copies of important papers
- Cash
- First-aid kit
- Items for children and pets
- Extra batteries
- Cell phone and charger

Prepare supplies
to last 3 days

Medication	Dose	When do you take it?	Why do you take it?

SPECIAL CONSIDERATIONS FOR ME AND MY FAMILY

Use this section to note any special needs your family may have during a flood or storm.
Some ideas: medical conditions or equipment, insurance numbers, etc.

RESOURCES IN MY NEIGHBORHOOD