

Important Numbers or Information

Police: _____ Dial 911 or #: _____

Fire: _____ Dial 911 or #: _____

Poison Control: _____ #: _____

Doctor: _____ #: _____

Pediatrician: _____ #: _____

Dentist: _____ #: _____

Medical Insurance: _____ #: _____

Policy #: _____

Hospital/Clinic: _____ #: _____

Pharmacy: _____ #: _____

Homeowner/Rental Insurance: _____ #: _____

Policy #: _____

Veterinarian: _____ #: _____

Kennel: _____ #: _____

Electric Company: _____ #: _____

Gas Company: _____ #: _____

Water Company: _____ #: _____

Alt./Accessible Transportation: _____ #: _____

Other: _____

Other: _____

Build a Kit

Recommended Items to Include in
a Basic Emergency Supply Kit:

- Water and non-perishable food for several days
- Extra cell phone battery or charger
- Battery-powered or hand crank radio that can receive NOAA Weather Radio tone alerts and extra batteries
- Flashlight and extra batteries
- First Aid Kit
- Whistle to signal for help
- Dust mask to filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Non-sparking wrench or pliers to turn off utilities
- Can opener (if kit contains canned food) and water sanitation tablets
- Local maps
- Sleeping bag or warm blanket for each person

Stay Informed

KingsOES.com

Ready.gov

ListosCalifornia.org

CalOES.ca.gov



**BE READY
KINGS**



**BE READY
KINGS**

- Build a Kit
- Make a Plan
- Stay Informed



KingsOES.com

Make a Plan

Household Information

Family Name: _____

Home#: _____

Address: _____

Name: _____

Cell#: _____

Other# or Social Media: _____

Email: _____

Important Medical or Other Info: _____

Name: _____

Cell#: _____

Other# or Social Media: _____

Email: _____

Important Medical or Other Info: _____

Name: _____

Cell#: _____

Other# or Social Media: _____

Email: _____

Important Medical or Other Info: _____

Name: _____

Cell#: _____

Other# or Social Media: _____

Email: _____

Important Medical or Other Info: _____

Additional Information/Notes: _____

School, Childcare, Caregiver and Workplace Emergency

School Name: _____

Address: _____

Emergency/Hotline#: _____

Emergency Plan/Pick-Up: _____

Childcare Name: _____

Address: _____

Emergency/Hotline#: _____

Emergency Plan/Pick-Up: _____

Caregiver Name: _____

Address: _____

Emergency/Hotline#: _____

Emergency Plan/Pick-Up: _____

Workplace Name: _____

Address: _____

Emergency/Hotline#: _____

Emergency Plan/Pick-Up: _____

In Case of Emergency (ICE) Contact

Name: _____

Cell#: _____ Home#: _____

Email: _____

Address: _____

Out-of-Town Contact

Name: _____

Cell#: _____ Home#: _____

Email: _____

Address: _____

Emergency Meeting Places

Indoor: _____

Instructions: _____

Neighborhood: _____

Instructions: _____

Out-of-Neighborhood: _____

Address: _____

Instructions: _____

Out-of-Town: _____

Address: _____

Instructions: _____