

Family Plan

Evacuation Meeting Spot-Primary:

Evacuation Meeting Spot-Secondary:



Oregon Office of
Emergency Management

Today's preparation determines tomorrow's outcome
<http://www.oregon.gov/OMD/OEM/>

Family Members Names/Ages:

Pets Names/Type:

Family Plan Instructions:

72 Hour Kit Location:

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Full Name: _____

Phone #: _____

Emergency Contact # (texting): _____

In state _____

Out of state _____

Significant Medical Conditions:

I have allergies and/or sensitivities to:

Prescription medication currently taken

(cross out when discontinued)

Prescription Name Dose/Frequency

Non-prescription medication currently

taken (List herbs, vitamins, OTC, and homeopathic remedies)

Doctor: _____ Phone: _____

Health Insurance: _____

Full Name: _____

Phone #: _____

Emergency Contact # (texting): _____

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