

PERSONAL SAFETY

I am _____



My meds _____

Important things I use _____

My kit is located _____



SAFE AT HOME



911

County _____

(AREA CODE) PHONE NUMBER

EMERGENCY INFORMATION

Radio station _____

TV station _____



My neighbor _____

NAME

(AREA CODE) PHONE NUMBER



Friend/family _____

NAME

(AREA CODE) PHONE NUMBER



PEOPLE WHO CARE

COMMUNITY RESOURCES