

EMERGENCY PREPAREDNESS INFO

FAMILY NAME(S): _____

WE LIVE: FULLTIME___ PARTIME___ WEEKENDS___

NORTH BEACH PHYSICAL ADDRESS: _____

NB HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

OTHER PHONE: _____

OUT OF STATE CONTACT: _____

PHONE: _____

1. NAME: _____

BIRTH DATE: _____

CONDITIONS/NEEDS: _____

2. NAME: _____

BIRTH DATE: _____

CONDITIONS/NEEDS: _____

3. NAME: _____

BIRTH DATE: _____

CONDITIONS/NEEDS: _____

4. NAME: _____

BIRTH DATE: _____

CONDITIONS/NEEDS: _____

1. CAT/DOG/ IN/OUT NAME: _____

2. CAT/DOG/ IN/OUT NAME: _____

3. CAT/DOG/ IN/OUT NAME: _____

4. CAT/DOG/ IN/OUT NAME: _____

I HAVE HAD TRAINING, CERTIFICATION OR EXPERIENCE WITH (MEDICAL, MILITARY, MACHINERY, DISASTERS ETC.)

IN AN EMERGENCY YOU MAY USE THE FOLLOWING:

FOOD IN FRIDGE___ FOOD IN FREEZER___ GENERATOR #1 (SIZE) _____ GENERATOR #2 (SIZE) _____

CHAINSAW #1 (SIZE) _____ CHAINSAW #2 (SIZE) _____ FUEL _____ AIDE SUPPLIES _____

OTHER EQUIPMENT: _____

LOCAL CONTACT WITH KEY: _____

PHONE: _____

ADDRESS: _____

PLEASE ADD ANY ADDITIONAL NAMES OR INFO ON BACK OF PAGE

I GIVE MY PERMISSION TO USE THE ABOVE: _____