

**ReadyNH.gov**  
TAKE ACTION. BE SAFE.

# EMERGENCY KIT:

When disaster hits home, your family will depend on you. Take the first step towards getting ready to take care of yourself and your family: prepare an emergency kit. Plan to have at least a 3-day supply, especially food and water.



BOTTLED WATER



NON-PERISHABLE FOODS



NOAA RADIO



FLASHLIGHT & BATTERIES



PERSONAL HYGIENE



FIRST AID KIT



WHISTLE



MANUAL CAN OPENER



COPIES OF IMPORTANT DOCUMENTS



BLANKET/TOWEL



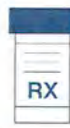
CHANGE OF CLOTHES



DURABLE WATERPROOF CONTAINER



GENERATOR



PRESCRIPTION MEDICATION



FOOD FOR YOUR PET

## Congratulations!

You've taken the first step to help you respond to an emergency.  
Visit: [ReadyNH.gov](http://ReadyNH.gov) to learn more and to sign up for emergency alerts.



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TAKE ACTION. BE SAFE.

**HOMELAND SECURITY  
EMERGENCY MANAGEMENT**  
ENSURING SAFETY. PROTECTING COMMUNITIES.



REMEMBER TO ACCOUNT FOR YOUR FAMILY'S SPECIAL NEEDS: CHILDREN, SENIORS, PETS, DISABILITIES, ETC. ALSO, FOOD CAN EXPIRE, SWAP IT OUT OVER TIME.

# FAMILY EMERGENCY PLAN

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Primary Out-of-town Contact Name:	Primary Phone Number:
Email:	Additional Contact Number:
Secondary Out-of-town Contact Name:	Secondary Phone Number:
Neighborhood Meeting Place:	Regional Meeting Place:
Evacuation Location:	

Fill out the following information for each family member and keep it up to date.

Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:
Name:	Social Security Number:
Date of Birth:	Important Medical Information:

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplace and apartment buildings should all have site-specific emergency plans that you and your family need to know about.




<b>WORK LOCATION ONE:</b>	<b>SCHOOL LOCATION ONE:</b>
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
<b>WORK LOCATION TWO:</b>	<b>SCHOOL LOCATION TWO:</b>
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
<b>WORK LOCATION THREE:</b>	<b>SCHOOL LOCATION THREE:</b>
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:
<b>OTHER PLACE YOU FREQUENT:</b>	<b>OTHER PLACE YOU FREQUENT:</b>
Address:	Address:
Phone Number:	Phone Number:
Evacuation Location:	Evacuation Location:

IMPORTANT INFORMATION:	NAME:	TELEPHONE NUMBER:	POLICY NUMBER:
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Dial 911 for Emergencies | For more information visit [ReadyNH.gov](http://ReadyNH.gov)



# EMERGENCY CONTACTS CARD



**EMERGENCY CONTACTS**

FILL OUT THIS CARD AND GIVE ONE TO EVERY FAMILY MEMBER.

EMERGENCY CONTACT NAME:	TELEPHONE:
OUT-OF-TOWN CONTACT NAME:	TELEPHONE:
NEIGHBORHOOD MEETING PLACE:	TELEPHONE:

DIAL 911 FOR EMERGENCIES



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