

Packing Your Emergency Kit

- Water (one gallon per person per day for three days)
- Food (three day supply; nonperishable)
- Manual can opener
- Flashlight and extra batteries
- Portable radio (hand crank is best)
- Clothes, blankets, personal hygiene items
- Medications (one week supply)
- Extra eye glasses and/or batteries for hearing aids
- Personal communication board or tablet if you might need help talking to others
- If you use a motorized wheelchair, include a battery charger/manual wheel chair for backup

Prep for Pets

- Pet food and water– three day supply
- Medications
- Crate or carrier, leash, bedding, toys
- Medical records and license/microchip numbers
- Collar and ID tag

Important Papers

- Photo ID
- Medical Insurance Card
- Insurance Policies
- Bank/Credit Card Information
- Birth Certificate/ Marriage Certificate



Keep your original documents in a waterproof container. Make copies or save them to a portable flash drive.

Helpful Resources

County Phone Numbers

Health Department: 410-313-6300

Maryland Access Point : 410-313-1234

Police (non-emergency): 410-313-2200

For More Information:

<https://www.howardcountymd.gov/Departments/Health/Emergency-Preparedness>

www.ready.gov/individuals-access-functional-needs

www.emergency.cdc.gov/preparedness/index.asp



Public Health Emergency Preparedness

PREPAREDNESS PALS

Emergency Planning with a Buddy



Planning for emergencies can be intimidating, especially for community members with chronic medical conditions, communication barriers, and mobility issues. This guide can help you make a plan that works for you.

My Personal Emergency Plan

Your Name

Pick Your Pal

Find someone you can depend on to serve as your Preparedness Pal. This is someone who knows your needs, will check on you in an emergency, and can help you to get to safety. Involve them in making your plan.

Preparedness Pal

Name: _____

Phone: _____

Email: _____



How about an out-of-state relative or friend who may not be affected by the same emergency?

Name: _____

Phone: _____

Email: _____

What my Pal needs to know (chronic conditions, special needs, etc.) :

Essential Info

Medicines I Take (how much and when):

Equipment and Supplies I Need:

Allergies (Food, Medicines, Other):

My Care Providers

Primary Care Physician:

Name: _____

Phone: _____

My Pharmacy:

Other Providers:



Make sure someone has an extra key to your home and knows where you keep your emergency kit.

Special Transportation Needs:

Keep your medical alert tag with you. Write a description of your support needs in case you cannot describe them in an emergency.

