



EASY EMERGENCY PLAN

[FILLABLE TEMPLATE]

CREATED BY:

LOCATION SAVED:

LAST UPDATED:

HARD COPY MADE? ☐ YES ☐ NO

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START

Before you begin...

Identify your D.R.I.V.E.R.S.

D

Disturbances or Disasters – defining what constitutes a disaster for you and your family and learning how to mitigate against them.

R

Risks and Resources – what are the natural and manmade risks present in your life and what resources do you currently have in place to address them

I

Information and Intuition – in general, where do you get your information from, what types of information do you act upon, and what role does your intuition play in assessing information?

V

Vulnerabilities and Values – what are your/your family's unique vulnerabilities and what are your core values?

E

Energy and Emotions – Where do you get your energy from, how do you manage it, what drains it? What emotions come up for you when you think about emergency/disaster situations?

R

Reflections and Revisions – In reflecting on past emergency or difficult situations what, if anything, would you do differently or revise?

S

Skills and Stories – What skills do you have that serve you in challenging situations, what are some of the stories you tell yourself about your ability to handle difficult situations?

DEFINING DISASTER WORKSHEET

Use this worksheet to identify incidents, events, or occurrences that you would classify as disasters because of the negative impact they could have on your life. In doing so, consider your unique needs and vulnerabilities, and those of loved ones.

- Click [here](#) for the National Risk Index to identify the risk of various natural disasters in your location.
- In the "impact" column, identify the impact(s) of each disaster identified.
- In the "mitigation" column, identify actions you can take to either reduce the possibility of the incident or reduce its impact.

INCIDENT/ EVENT	IMPACT	MITIGATION

PART 1: POSSIBLE USES

This section addresses the "WHEN" of the plan

WHEN MIGHT YOU OR YOUR FAMILY USE THIS PLAN? *Ex: Hurricane, Black out, Tornado*

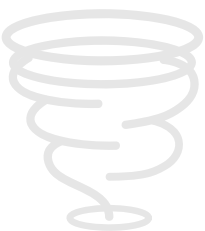
UNDER WHAT CIRCUMSTANCES WOULD YOU EVACUATE?

WHO MAKES THE DECISION/HOW IS DECISION MADE TO LEAVE?

AT WHAT POINT SHOULD MEMBERS OF YOUR FAMILY/HOUSEHOLD HEAD TO MEETING POINT?

Ex: During emergency with no contact for >35 min

WHAT IS THE SAFEST, MOST RELIABLE WAY OF GETTING THERE? (OUTLINE ROUTE)



PART 2: PEOPLE + PETS

This section addresses the "WHO" of the plan

WHO NEEDS TO SEE THIS PLAN & KNOW IT?

Ex: Family, housemates, friends

CONTACT INFO

ROLES/RESPONSIBILITIES

Ex: Who is in charge of pets?

PERSON RESPONSIBLE

WHAT OTHER PEOPLE OR PETS MIGHT THIS PLAN ADDRESS?

Ex: Extended family, neighbors, emergency contacts, pets, livestock

CONTACT INFO (WHERE APPLICABLE)



PART 3: PROVISIONS

This section addresses the "WHAT" of the plan

WHAT SUPPLIES ARE CRITICAL FOR YOU AND YOUR FAMILY?

Ex: Food, water, pet supplies, etc

HOW MUCH DO YOU NEED TO STORE?

Consider number of people and number of days

ANY CRITICAL POWER
NEEDS FOR YOU OR
YOUR FAMILY? *Ex: Medical equipment*

WHAT, IF ANY, BACKUP POWER SOLUTIONS DO YOU HAVE? *Ex: Generator, Solar, Batteries*

[illegible]

PART 4: PLACES

This section addresses the "WHERE" of the plan

WHAT LOCATIONS DOES THIS PLAN APPLY TO?

Ex: Home & Grandma's

ADDRESS FOR EACH

WHERE WILL YOU/FAMILY EVACUATE TO FROM EACH OF THOSE LOCATIONS, IF NECESSARY?

ADDRESS FOR EACH

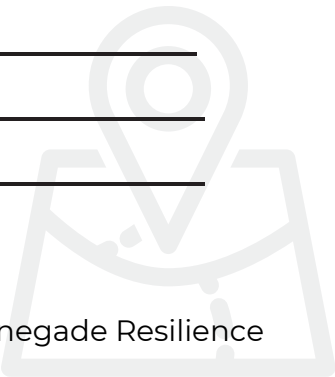
IDENTIFY YOUR FAMILY'S OR HOUSEHOLD'S MEETING SPOT

Ex: Cabana at Smithtown Park

WHAT IS THE SAFEST, MOST RELIABLE WAY OF GETTING THERE? (OUTLINE ROUTE)

IDENTIFY EMERGENCY SHELTER LOCATIONS NEAR YOUR PRIMARY LOCATIONS

ADDRESS FOR EACH



PART 4: PLACES

Remember, you may not be able to rely on your devices for directions

CONSIDER USING THIS PAGE FOR RELEVANT MAPS, GUIDES, OR ROUTE OUTLINES

Make sure everyone in the family/household is able to get to/navigate to evacuation locations, meeting point, and/or shelter locations safely. Keep in mind accessibility issues that may be relevant to you and your loved ones.



PART 5: PURPOSE

This section addresses the "WHY" of the plan

IDENTIFY YOUR PRIMARY PURPOSE BEHIND DEVELOPING THIS PLAN:

Consider letting family/household members each articulate their own

IDENTIFY ANY UNIQUE/KEY PRIORITIES FOR YOU AND YOUR FAMILY:

Ex: Pets/livestock, business, agriculture, elderly, young, or ill family members

PART 6: PLANS

This section addresses the "HOW" of the plan

EMERGENCY COMMUNICATIONS PLAN

METHODS OF COMMUNICATION

Primary means of communication with contacts/family members:

Secondary means of communication with contacts/family members:

Land line/communication method not requiring cellular?

HOUSEHOLD INFORMATION

Home #:

Address:

Name: Mobile #: Other # or social media:

Email: Important medical or other information:

Name: Mobile #: Other # or social media:

Email: Important medical or other information:

Name: Mobile #: Other # or social media:

Email: Important medical or other information:

Name: Mobile #: Other # or social media:

Email: Important medical or other information:

EMERGENCY CONTACT(S)

Name: Mobile #: Home #:

Email: Address:

Name: Mobile #: Home #:

Email: Address:

OUT-OF-TOWN CONTACT (i.e. who you might call if you are out of town during an emergency)

Name: Mobile #: Home #:

Email: Address:

OTHER IMPORTANT INFORMATION

Medical Insurance: #:

Policy #:

Medical Insurance: #:

Policy #:

Homeowner/Rental Insurance: #:

Policy #:

Flood Insurance: #:

Policy #:

IMPORTANT NUMBERS

Police: Dial 911 or #:

Fire: Dial 911 or #:

Poison Control: #:

Doctor: #:

Doctor: #:

Pediatrician: #:

Dentist: #:

Hospital/Clinic: #:

Pharmacy: #:

Veterinarian: #:

Kennel: #:

Electric Company: #:

Gas Company: #:

Water Company: #:

Alternate/Accessible Transportation:

#:

Soup Kitchen: #:

Local Shelter: #:

Other:

Other:

PART 6: PLANS

This section addresses the "HOW" of the plan

MOVEMENT & LOCATIONS

Plan for meeting points, evacuation, and emergency pick ups.

EMERGENCY MEETING POINTS

Indoor/local:
Address:
Route/Instructions:

Outdoor/local:
Address:
Route/Instructions:

Alternate:
Address:
Route/Instructions:

EVACUATION PLAN

Primary:
Address:
Route/Instructions:

Secondary:
Address:
Route/Instructions:

SCHOOL, CHILDCARE, CAREGIVER, AND WORKPLACE EMERGENCY PICKUP PLANS

Name: Address:
Emergency/Hotline #: Website:
Emergency Plan/Pick-Up:

Name: Address:
Emergency/Hotline #: Website:
Emergency Plan/Pick-Up:

Name: Address:
Emergency/Hotline #: Website:
Emergency Plan/Pick-Up:

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