

**MY CONTACTS** 

NAME:

**SURNAMEE:** 



**EMERGENCY SERVICES** 

## FAMILY EMERGENCY PLAN USEFUL INFORMATION

POLICE

**AMBULANCE:** 

**FIRE SERVICE:** 

TELEPHO	JNE:	HOSPITAL:
ADDRES	S:	PHYSICIAN:
		PEDIATRICIAN:
		OTHERS:
FAMILY MEM	BERS CONTACTS	
Name:	Tel:	Work/school phone:
		Phone: Address:
	IG POINT IN CASE O	<u>PF AN EVACUATION</u> N
	This place can be a waiting area prov	vided for in the Civil Protection Plan of your municipality
IN CASE OF:		WE ARE SAFE
Earthquake		
<b>Fire</b>		
<b>Flood</b>		
<b>Landslide</b>		





## FAMILY EMERGENCY PLAN EMERGENCY KIT CHECKLIST





## **ESSENTIALS, NOT TO BE FORGOTTEN**

☐ Long-life food a	nd water supply for at least 72 hours
☐ AM/FM radio w	vith spare batteries
☐ Torch with spare	e batteries
☐ First aid kit	
	dication for individual components (check expiry ge or copies of medical prescriptions
☐ Utility knife	
☐ Matches or light	ter
☐ Spare clothing s family members	uitable for the season and waterproof for all

## **ADDITIONAL, TO BE CONSIDERED**



☐ Sleeping bags or blankets for each family member
☐ Money
☐ Nappies and baby hygiene necessities
☐ Essential medical accessories (eyeglasses, hearing aids, etc.)
☐ Photocopy of the identity documents of the entire household
☐ Copy of house and car keys
☐ Power bank
□ Tampons
☐ Toothpaste and toothbrus