Many people are working daily to keep you informed and safe in the event something happens due to weather, diseases, fires, floods, spills, and more.

**US Immigration and Customs Enforcement (ICE)**
www.ice.gov

**US Centers for Disease Control and Prevention**
www.cdc.gov
Poison Control 800-222-1222

**PBC Emergency Management**
www.pbcgov.com/dem
561-712-6400

**Florida Health Palm Beach County**
www.pbchd.com
561-840-4500

**Environmental Public Health**
www.flhealthpalmbeach.org
561-837-5900

**Medical Reserve Corps**
www.pbcms.org/mrc

**Florida Department of Health**
www.floridashealth.com

**Florida Division for Emergency Management**
www.floridadisaster.org
This will guide you through the steps to protect you, your friends, and your family. It also has useful medical records forms and check lists of what may be needed in an emergency.

Knowledge, planning and rational thinking are your best defense in a difficult situation.

The events that can trigger an emergency response are broken down into five major categories:

**NATURAL DISASTERS**
These can strike at anytime and include hurricanes, tornadoes, wildfires, floods, severe thunderstorms, sinkholes, pandemics, earthquakes, blizzards and freezes.

**MAN-MADE DISASTERS**
Oil and chemical spills, bridge and or building collapses, fires, train, vehicle, or boating accidents, airplane crashes, explosions, and industrial accidents, and others.

**BIOLOGICAL EVENTS**
The release of anthrax, botulism, plague, viral hemorrhagic fever, ricin, or tularemia.

**CHEMICAL RELEASES**
Cynadide compounds, mustard agents, sarin or nerve gas, or vx.

**RADIOLOGICAL EVENTS**
Nuclear power plant failure, as we saw following the tsunami in Japan, or dirty bombs that can be made and exploded anywhere, and release radioactive materials.
PLANNING IS IMPORTANT
Whenever there is a major occurrence, the mind immediately moves into survival mode, the heart rate increases, there may be difficulty concentrating on even simple tasks, and you try to rationalize what to do first.

These are very normal reactions. But if you have a plan, it can help you return to a calm and rational thought process much quicker.

As you are aware, natural disasters can strike anywhere and at anytime. It could be flooding from heavy rains, strong winds from a hurricane or tornado, smoke from a wildfire, or lightning.

EVALUATE YOUR PROPERTY
- Are you in a flood zone?
- Do you have a safe room?
- How much wind can your structures withstand?
- Will your neighbors be affected?
- Is your home ventilation system adequate?
- How would you evacuate or shelter in place?
- Document and take photos of property and belongings.

You may also want to contact your insurance company and follow their recommendation for evaluating and preparing your property.

Once you are comfortable with your evaluation, it’s time to take action and draft your personal safety plan.
Consider each person in your household and any others you will be assisting, like a grandparent, or a neighbor needing special assistance, and don’t forget your pets.

Keep a record of all of these individuals and include name, age, medical conditions, medications, allergies, alternate contact information, most recent immunizations (you should have had a tetanus booster within the past 10 years) special needs like glasses, wheelchairs, hearing aids, crutches, medical insurance information, and estimated weight. (*Personal Health forms are located in the back of this booklet.*)

Develop a plan that can protect everyone on your list for up to a week as it may take that long for help to arrive. (*Checklists are located in the back of this booklet.*)

Some natural disasters (like a hurricane or flooding) give you some warning, but also may require you to evacuate. Know your escape routes, where shelters are located and develop rendezvous points for everyone on your list should you get separated. (*A map of shelters is located in the back of this booklet.*)

Create a water-proof supply kit that will contain needed essentials, yet is easily carried in a duffel bag or similar case.
PREPARING YOUR HOME

Many situations will require you to stay in your home or as some call it “sheltering in place.”

Examples of situations that may require you stay home include:

- pandemics
- curfews following a storm
- impassable roads
- smoke or fires
- radiological event
- biological or chemical release
- disease outbreaks

It is always a good idea to have enough supplies, food, water and medicines to last at least seven days. Also pay close attention to any special needs of people in your group.

Pay close attention to children as they will need reassurance, a calming voice and a realistic picture. Now that you have your family, relatives, friends, neighbors, support groups identified, your back-up plans in place, and items stored, let’s take a look at the other events outside a natural disaster.

RADIOLOGICAL

The threat of release of radioactive materials from a nuclear power plant accident or a terrorist attack is very unlikely. However, as we saw following the tsunamis in
Japan and the meltdown in Chernobyl it can happen.

In a radiological emergency everyone should listen to the local emergency broadcast messages. These will give recommendations about evacuations, sheltering and other protective actions. Remember, you may be told to stay home, close your doors and windows, and use your in-house air circulation like fans or air conditioning.

**If exposed to airborne radioactive contaminants you should wash vigorously with soap and water to remove contamination.**

An accident involving a nuclear reactor or nuclear weapon could release harmful amounts of radioactive iodine into the environment. One treatment is to administer potassium iodide (KI) which blocks the thyroid’s absorption of radioiodine. The state and local governments have an adequate supply of potassium iodide that can be quickly mobilized in an emergency.

**BIOLOGICAL AGENTS**

Biological agents are bacteria, viruses or toxins that can cause deadly disease or illness in people, livestock and crops. Only a few bacteria and viruses, are viable as terrorist agents. Anthrax, smallpox, plague, tularemia, botulism, ricin and viral hemorrhagic fevers are the most
widely identified biological agents. All can make you very ill and can be life threatening. For this reason, it is always recommended to seek medical help if symptoms are severe or persist.

Once a threat is identified, numerous support agencies would spring into action to help keep you safe and to minimize the spread of diseases. You would be instructed on treatment methods.

The U.S. Centers for Disease Control and Prevention (CDC) has more detailed information on all biological agents and can be reached at www.bt.cdc.gov on the internet. Your local library or health department are also a good source for accurate and detailed information on biological agents.

**CHEMICAL AGENTS**

Chemicals are an important part of life. Even though we don’t think about it we use chemicals every day in our household. They are found throughout the house: in the bathroom, medicine cabinet, kitchen, basement, yards and garages. They keep our foods fresh, our bodies clean, our plants growing and fuel our cars.

Under certain conditions, chemicals can be poisonous or have a harmful effect on your health.

You and your family can be exposed to chemicals in many ways and include: breathing, eating contaminated foods, drinking compromised water, swallowing medication, touching soil, clothing, or something that has been in contact with a chemical.
A terrorist chemical attack would more likely be the release of a poisonous, industrial strength chemical such as chlorine or ammonia, because they are easily obtainable and not considered chemical warfare agents.

Chemical incidents are typically characterized by a rapid onset of medical symptoms and easily observed signatures like burning eyes, difficulty breathing, bleeding, vomiting, and in severe cases loss of consciousness. Known chemical warfare agents are cyanide compounds, mustard gases, sarin, ricin, vx and other nerve agents.

**ACTION STEPS DURING A CHEMICAL EMERGENCY**

- Try to get up wind and away from the affected area as quickly as possible without running. (Increased breathing rates can increase the absorption of an agent.)
- If your clothing has been splashed with a liquid, remove it, being very careful not to get any liquid on your skin.
- If there is an oily liquid on your skin, scrape it off.
- Flush your eyes with water.
- Follow directions of authorities.

You may be asked to go through decontamination and/or you may receive antidotes depending on your symptoms.
If you are at home or work, you may be told to evacuate. Remember, chemicals are a part of everyday life. As you inspect your home, make sure chemicals are stored properly. Never smoke while using household chemicals. Do not use hair spray, or any aerosols, cleaning solutions, paint products or pesticides near open flames. Clean up a chemical spill immediately - cat litter is an excellent absorbant. Store rags outdoors until fumes evaporate.

If you would like to learn more, Florida Health in Palm Beach County has prepared this family preparedness guide. More information is online at www.pbchd.com

Remember, your health department and numerous other local, state and federal personnel are ready to respond to your needs. Keep this guide handy and be prepared.
ESSENTIALS

- Battery-operated radio and/or Television and extra batteries *(TV must be digital signal reception capable)*
- Flashlight and extra batteries
- Spare keys

*Do not include candles. Candles cause more fires after a disaster than anything else.*

NONPRESCRIPTION DRUGS

- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)
- Topical antibiotics

SANITATION

- Toilet paper, towelettes
- Soap, liquid detergent, hand sanitizer
- Feminine hygiene supplies
- Personal hygiene items
- Small plastic garbage bags, ties (for personal sanitation uses)
- Plastic bucket with tight lid
- Disinfectant
- Household chlorine bleach
- Facial tissues, paper towels
- Diapers
- Large plastic garbage bags
CLOTHING AND BEDDING

- One complete change of clothing and footwear per person
- Sturdy shoes or work boots
- Rain gear
- Blankets or sleeping bags
- Hat and gloves
- Thermal underwear
- Sunglasses

Should a pandemic (disease outbreak) arise and you have to remain home some additional supplies will be:

- fever reducers
- prescription antibiotics
- anti-diarrhea medicines
- cough medicine & throat lozenges
- electrolites

COMFORT ITEMS

- playing cards
- board or other non-electronic games
- books
- children’s favorite toys and blankets
- disposable cups
SUPPLIES ON HAND WILL INCLUDE

- Water: at least one gallon per person per day or a total of seven gallons per person per week.
- Food: canned goods or non-perishables that include the five basic food groups of fruits, vegetables, protein, grains and dairy.
- Cooking: stoves, microwaves and other cooking devices should be kept in good working order. If you must use a charcoal grill, camping stove or gas grill be sure to keep it outside the home and have plenty of fuel on hand.

FIRST AID KITS

- safety pins
- cleansing agents
- protective gloves
- sunscreen
- gauze
- scissors
- adhesive tape
- topical antibiotics
- sterile adhesive bandages
- tweezers
- towelettes
- sanitizers
- antiseptic
- rubbing alcohol
- thermometer
- lubricants
- extra eye glasses
- two and four inch roller bandages
TOOLS
- flashlights
- batteries
- screwdrivers
- wrench
- pliers
- saw
- hammer
- mess kits/cooking & eating utensils
- non-electric can opener
- matches
- tape
- paper and pencils
- work gloves
- sewing needles & threads
- plastic sheeting
- rope
- aluminum foil
- whistle
- duct tape
- safety glasses

FOOD
Store at least a seven-day supply of nonperishable food. Select foods that require no refrigeration, preparation, or cooking and little or no water. If you must heat food, pack a can of Sterno and matches. Select food items that are compact and lightweight. Include a selection of the following foods in your disaster supplies kit:
- Ready-to-eat canned meats
- Canned fruits, dried fruits, and nuts
- Canned vegetables
- Baby Formula (if necessary)
- Pet food (if necessary)
**KEEP INFORMATION UP TO DATE**

**CONTACT INFORMATION**

Name: ___________________________ DOB: ___/___/__________

Sex: ___________________________ Country Origin: __________________

Current Address:

______________________________________________________________

Current Phone Numbers:

Home: ( ) __________________________

Work: ( ) ___________________________

Cellular: ( ) _______________________

E-mail: __________________________

**ALLERGIES**

- No Known Allergies
- Aspirin
- Barbiturates
- Codeine
- Demerol
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfas
- Tetracycline
- X-Ray Dyes

**MEDICAL CONDITIONS**

- No Known Conditions
- Abnormal EKG
- Adrenal Insufficiency
- Alzheimer’s
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass
- Dementia
- Diabetes
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prothesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis ______
- Hypertension
- Hypoglycemia
- Laryngectomy
- Leukemia
- Lymphoma
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired
- ________________

**IMMUNIZATIONS**

- Influenza (date) ____________
- Pneumococcal (date) ______
- Meningococcal (date) ____________________________
- Childhood Immunizations (date) ____________________
- ____________________________
- ____________________________
PHYSICIANS/SPECIALISTS
Primary Physician___________________________ (  ) ________________________
Specialist/Type___________________________ (  ) ________________________
Specialist/Type___________________________ (  ) ________________________

EMERGENCY CONTACTS
Name: _______________________________ Relationship: _______________________
Phone 1: ( )__________________________ Phone 2: ( )________________________

Name: _______________________________ Relationship: _______________________
Phone 1: ( )__________________________ Phone 2: ( )________________________

Name: _______________________________ Relationship: _______________________
Phone 1: ( )__________________________ Phone 2: ( )________________________

MEDICAL DATA
Blood Type ________________________________
Recent Surgeries ___________________________ Date __________

PERSONAL DATA
Religion________________________________________
Living Will ________________________________  □ YES  □ NO
on file at: ___________________________________
Health Care Proxy __________________________  □ YES  □ NO
on file at: ___________________________________

EMS-NO CPR Directive form? ---- □ YES -- □ NO
Location of file: ____________________________

DNR form? ------------------------------- □ YES -- □ NO
Location of file: ____________________________

MEDICAL INSURANCE
Primary Ins.________________________________________
Policy # __________________________________________
Phone 1: ( )__________________________ Phone 2: ( )________________________
Supplemental / Other Ins.________________________
Policy # __________________________________________
Phone 1: ( )__________________________ Phone 2: ( )________________________
MEDICAID # ___________________________________
MEDICARE# ___________________________________
**USE PENCIL**
for ease of making changes.

**KEEP INFORMATION UP TO DATE**

**CONTACT INFORMATION**

Name: _____________________  DOB: __/__/_________

Sex: ______________________  Country Origin: __________

Current Address: __________________________________________

Current Phone Numbers:

Home: ( ) ____________________

Work: ( ) ____________________

Cellular: ( ) ____________________

E-mail: __________________________________________

**ALLERGIES**

- [] No Known Allergies
- [] Asprin
- [] Barbiturates
- [] Codeine
- [] Demerol
- [] Horse Serum
- [] Insect Stings
- [] Latex
- [] Lidocaine
- [] Morphine
- [] Novocaine
- [] Penicillin
- [] Sulfadc
- [] Tetracycline
- [] X-Ray Dyes

**MEDICAL CONDITIONS**

- [] No Known Conditions
- [] Abnormal EKG
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- [] Alzheimer’s
- [] Angina
- [] Asthma
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- [] Cancer
- [] Cardiac Dysrhythmia
- [] Cataracts
- [] Clotting Disorder
- [] Coronary Bypass
- [] Dementia
- [] Diabetes
- [] Eye Surgery
- [] Glaucoma
- [] Hearing Impaired
- [] Heart Valve Prothesis
- [] Hemodialysis
- [] Hemolytic Anemia
- [] Hepatitis ______
- [] Hypertension
- [] Hypoglycemia
- [] Laryngectomy
- [] Leukemia
- [] Lymphoma
- [] Memory Impaired
- [] Myasthenia Gravis
- [] Pacemaker
- [] Renal Failure
- [] Seizure Disorder
- [] Sickle Cell Anemia
- [] Stroke
- [] Tuberculosis
- [] Vision Impaired
- [] ________________

**IMMUNIZATIONS**

- [] Influenza (date) __________
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- [] Meningococcal (date) _________________________
- [] Childhood Immunizations (date) _________________________
- [] _________________________  [] _________________________
PHYSICIANS/SPECIALISTS

Primary Physician __________________ ( ) ______________________
Specialist/Type __________________ ( ) ______________________
Specialist/Type __________________ ( ) ______________________

EMERGENCY CONTACTS

Name: __________________ Relationship: ________________________
Phone 1: ( ) __________________ Phone 2: ( ) __________________

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Phone 1: ( ) __________________ Phone 2: ( ) __________________

MEDICAL DATA

Blood Type __________________
Recent Surgeries __________________ Date ____________

PERSONAL DATA

Religion _______________________________________________________ 
Living Will _____________________________ ☐ YES ☐ NO
on file at: ____________________________________________________
Health Care Proxy _____________________ ☐ YES ☐ NO
on file at: ____________________________________________________

EMS-NO CPR Directive form? ---- ☐ YES -- ☐ NO
Location of file: ______________________________________________

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Location of file: ______________________________________________

MEDICAL INSURANCE

Primary Ins. _________________________________________________
Policy # ____________________________________________________
Phone 1: ( ) __________________ Phone 2: ( ) __________________

Supplemental / Other Ins. ____________________________________
Policy # ____________________________________________________
Phone 1: ( ) __________________ Phone 2: ( ) __________________

MEDICAID # __________________ MEDICARE# __________________
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**KEEP INFORMATION UP TO DATE**

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Sex: __________________________ Country Origin: ____________

Current Address: _______________________________________

Current Phone Numbers:

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Work: ( ) __________________________

Cellular: ( ) _________________________

E-mail: ___________________________

**ALLERGIES**

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- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfas
- Tetracycline
- X-Ray Dyes

**MEDICAL CONDITIONS**

- No Known Conditions
- Abnormal EKG
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- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired
- ___________________

**IMMUNIZATIONS**

- Influenza (date) ____________
- Pneumococcal (date) ________
- Meningococcal (date) ____________
- Childhood Immunizations (date) ____________
- ____________________________
MEDICATIONS

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PHYSICIANS/SPECIALISTS

Primary Physician ___________________(_)_____________________
Specialist/Type ___________________(_)_____________________
Specialist/Type ___________________(_)_____________________

EMERGENCY CONTACTS

Name: ___________________ Relationship: _________________
Phone 1: ( ) ______________ Phone 2: ( ) _______________

Name: ___________________ Relationship: _________________
Phone 1: ( ) ______________ Phone 2: ( ) _______________

Name: ___________________ Relationship: _________________
Phone 1: ( ) ______________ Phone 2: ( ) _______________

MEDICAL DATA

Blood Type _____________________
Recent Surgeries ___________________________ Date __________

PERSONAL DATA

Religion __________________________________________________________________________
Living Will ___________________________ YES NO
on file at: _______________________________________________________________________
Health Care Proxy ____________________ YES NO
on file at: _______________________________________________________________________

EMS-NO CPR Directive form? ---- YES -- NO
Location of file: __________________________________________________________________
DNR form? ___________________________ YES NO
Location of file: __________________________________________________________________

MEDICAL INSURANCE

Primary Ins._______________________________________________________________________
 Policy #________________________________ Phone 2: ( ) _________________________
Phone 1: ( ) ________________ Phone 2: ( ) _________________________
Supplemental / Other Ins.__________________________
 Policy #________________________________
Phone 1: ( ) ________________ Phone 2: ( ) _________________________
MEDICAID # ____________________________
MEDICARE# ____________________________
**KEEP INFORMATION UP TO DATE**

**CONTACT INFORMATION**

Name: ____________________ DOB: ___/___/________
Sex: ____________________ Country Origin: ____________
Current Address: ____________________

Current Phone Numbers:
Home: ( ) ____________________
Work: ( ) ____________________
Cellular: ( ) ____________________
E-mail: ____________________

**ALLERGIES**

- [ ] No Known Allergies
- [ ] Horse Serum
- [ ] Insect Stings
- [ ] Novocaine
- [ ] Penicillin
- [ ] Aspirin
- [ ] Latex
- [ ] Sulfas
- [ ] Tetracycline
- [ ] Barbiturates
- [ ] Lidocaine
- [ ] Tumor Dyes
- [ ] Codeine
- [ ] Morphine

**MEDICAL CONDITIONS**

- [ ] No Known Conditions
- [ ] Dementia
- [ ] Leukemia
- [ ] Alzheimers
- [ ] Diabetes
- [ ] Lymphoma
- [ ] Angina
- [ ] Eye Surgery
- [ ] Memory Impaired
- [ ] Adrenal Insufficiency
- [ ] Glaucoma
- [ ] Myasthenia Gravis
- [ ] Alzheimer’s
- [ ] Hearing Impaired
- [ ] Pacemaker
- [ ] Asthma
- [ ] Heart Valve Prothesis
- [ ] Renal Failure
- [ ] Bleeding Disorder
- [ ] Hemodialysis
- [ ] Seizure Disorder
- [ ] Cancer
- [ ] Hemolytic Anemia
- [ ] Sickle Cell Anemia
- [ ] Cardiac Dysrhythmia
- [ ] Hypertension
- [ ] Stroke
- [ ] Cataracts
- [ ] Hepatitis _____
- [ ] Tuberculosis
- [ ] Clotting Disorder
- [ ] Hypoglycemia
- [ ] Vision Impaired
- [ ] Coronary Bypass
- [ ] Laryngectomy
- [ ] ____________________

**IMMUNIZATIONS**

- [ ] Influenza (date) ____________
- [ ] Pneumococcal (date) ____________
- [ ] Meningococcal (date) ____________
- [ ] Childhood Immunizations (date) ____________
- [ ] ____________________
- [ ] ____________________
**PHYSICIANS/SPECIALISTS**

Primary Physician: ________________________________ ( ) ________________________
Specialist/Type: ________________________________ ( ) ________________________
Specialist/Type: ________________________________ ( ) ________________________

**EMERGENCY CONTACTS**

Name: ___________________________ Relationship: ___________________________
Phone 1: ( ) _______________________ Phone 2: ( ) _______________________

Name: ___________________________ Relationship: ___________________________
Phone 1: ( ) _______________________ Phone 2: ( ) _______________________

Name: ___________________________ Relationship: ___________________________
Phone 1: ( ) _______________________ Phone 2: ( ) _______________________

**MEDICAL DATA**

Blood Type: ___________________________
Recent Surgeries: ___________________________ Date: ____________

**PERSONAL DATA**

Religion: ____________________________________________
Living Will: ___________________________ [ ] YES [ ] NO
on file at: ___________________________________________
Health Care Proxy: ___________________________ [ ] YES [ ] NO
on file at: ___________________________________________

**EMS-NOCPR Directive form?** ---- [ ] YES -- [ ] NO
Location of file: ___________________________________________

**DNR form?** ------------------------ [ ] YES -- [ ] NO
Location of file: ___________________________________________

**MEDICAL INSURANCE**

Primary Ins.: ___________________________________________
Policy #: ___________________________________________
Phone 1: ( ) ______________________________________ Phone 2: ( )
Supplemental / Other Ins.: ___________________________
Policy #: ___________________________________________
Phone 1: ( ) ______________________________________ Phone 2: ( )
MEDICAID #: ___________________________
MEDICARE#: ___________________________
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IMPORTANT: Not all shelters will be opened at the same time. Stay tuned to local TV and radio for shelter opening announcements.

1. Independence Middle School  
   4001 Greenway Dr, Jupiter 33458

2. Palm Beach Gardens High School  
   4245 Holly Dr, Palm Beach Gardens 33410

3. Dr Mary McLeod Bethune Elementary School  
   1501 Avenue U, Riviera Beach 33404

4. Seminole Ridge High School  
   4601 Seminole Pratt Whitney Rd, Loxahatchee 33470

5. West Gate Elementary School  
   1545 Loxahatchee Dr, West Palm Beach 33409

6. Forest Hill High School  
   6901 Parker Ave, West Palm Beach 33405

7. Palm Beach Central High School  
   8499 Forest Hill Blvd, Wellington 33411

8. John I Leonard High School  
   4701 10th Ave N, Greenacres 33463

9. Park Vista High School  
   7900 Jog Rd, Boynton Beach 33427

10. Boynton Beach High School  
    4975 Park Ridge Blvd, Boynton Beach 33426

11. Atlantic Community High School  
    2455 W Atlantic Ave, Delray Beach 33445

12. Boca Raton High School  
    1501 NW 15th Ct, Boca Raton 33486

13. West Boca Raton High School  
    12811 Glades Rd, Boca Raton 33428

14. Lake Shore Middle School  
    425 W Canal St N, Belle Glade 33430

15. Pahokee Middle School  
    850 Larrimore Rd, Pahokee 33476
FLORIDA HEALTH PALM BEACH COUNTY
HEALTH CENTERS

C.L. Brumback Health Center (Belle Glade) -- (561) 996-1600
Delray Beach Health Center -------------- (561) 274-3100
Jupiter Health Center ----------------------- (561) 746-6751
Lantana Lake Worth Health Center -------- (561) 547-6800
Northeast Health Center ---------------------- (561) 803-7326
West Palm Beach Health Center --------------(561) 514-5300

AREA HOSPITALS

Bethesda Hospital East ------------------ (561) 737-7733
Bethesda Hospital West ------------------ (561) 336-7000
Boca Raton Regional Hospital ---------- (561) 395-7100
West Palm Beach Hospital ------------- (561) 842-6141
Delray Medical Center ------------------- (561) 498-4440
Good Samaritan Medical Center ------- (561) 655-5511
JFK Medical Center --------------------- (561) 965-7300
JFK Emergency Care Center -----------(800) 616-1927
Jupiter Medical Center ------------------ (561) 747-2234
Lakeside Medical Center ------------- (561) 996-6571
Palm Beach Gardens Medical Center ---- (561) 622-1411
Palms West Hospital ------------------- (561) 798-3300
St. Mary’s Medical Center ----------- (561) 844-6300
Wellington Regional Medical Center ---- (561) 798-8500
West Boca Medical Center ----------- (561) 488-8000

Red Cross -------------------------------- (561) 833-7711
P.B.C. Emergency Management -------- (561) 712-6400
Palm Beach County Help Line -------------- 211
www.211palmbeach.org ~ www.pbchd.com