

# **DISASTER PREPAREDNESS GUIDE**



**Planning For  
Emergency  
Situations**



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](http://www.ice.gov)

**US Centers for Disease Control and Prevention**  
[www.cdc.gov](http://www.cdc.gov)  
Poison Control 800-222-1222

**PBC Emergency Management**  
[www.pbcgov.com/dem](http://www.pbcgov.com/dem)  
561-712-6400

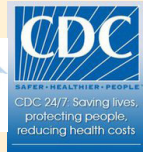
**Florida Health Palm Beach County**  
[www.pbchd.com](http://www.pbchd.com)  
561-840-4500

**Environmental Public Health**  
[www.flhealthpalmbeach.org](http://www.flhealthpalmbeach.org)  
561-837-5900

**Medical Reserve Corps**  
[www.pbcms.org/mrc](http://www.pbcms.org/mrc)

**Florida Department of Health**  
[www.floridashealth.com](http://www.floridashealth.com)

**Florida Division for Emergency Management**  
[www.floridadisaster.org](http://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, sink holes, 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.



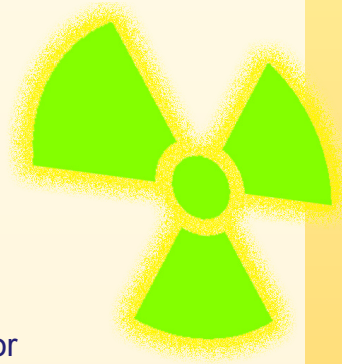
## RADIOLOGICAL

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 radio active 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](http://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](http://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
- electrolytes

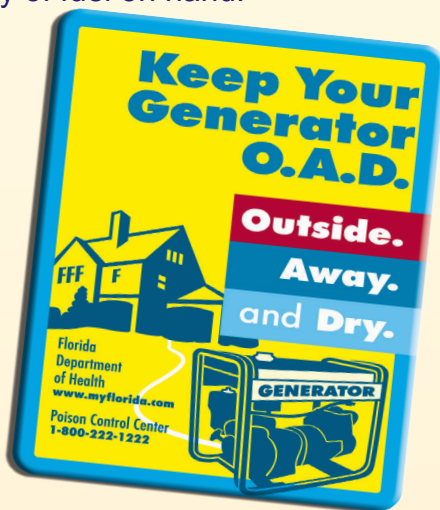
## COMFORT ITEMS

- 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
- tweezers
- cleansing agents
- towelettes
- protective gloves
- sanitizers
- sunscreen
- antiseptic
- gauze
- rubbing alcohol
- scissors
- thermometer
- adhesive tape
- lubricants
- topical antibiotics
- extra eye glasses
- sterile adhesive bandages
- 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)

**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**

<input type="checkbox"/> No Known Allergies	<input type="checkbox"/> Horse Serum	<input type="checkbox"/> Novocaine
<input type="checkbox"/> Asprin	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Latex	<input type="checkbox"/> Sulfa
<input type="checkbox"/> Codeine	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Tetracycline
<input type="checkbox"/> Demerol	<input type="checkbox"/> Morphine	<input type="checkbox"/> X-Ray Dyes

**MEDICAL CONDITIONS**

<input type="checkbox"/> No Known Conditions	<input type="checkbox"/> Dementia	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Abnormal EKG	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lymphoma
<input type="checkbox"/> Adrenal Insufficiency	<input type="checkbox"/> Eye Surgery	<input type="checkbox"/> Memory Impaired
<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Angina	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Valve Prosthesis	<input type="checkbox"/> Renal Failure
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hemolytic Anemia	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Cardiac Dysrhythmia	<input type="checkbox"/> Hepatitis _____	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Clotting Disorder	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Coronary Bypass	<input type="checkbox"/> Laryngectomy	<input type="checkbox"/> _____

**IMMUNIZATIONS**

Influenza (date) \_\_\_\_\_  Pneumococcal (date) \_\_\_\_\_  
 Meningococcal (date) \_\_\_\_\_  
 Childhood Immunizations (date) \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

## MEDICATIONS

Type	Dosage	Frequency

### 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# \_\_\_\_\_



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### KEEP INFORMATION UP TO DATE

#### CONTACT INFORMATION

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 Cellular: (    ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### ALLERGIES

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> No Known Allergies | <input type="checkbox"/> Horse Serum   | <input type="checkbox"/> Novocaine    |
| <input type="checkbox"/> Asprin             | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Barbiturates       | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Codeine            | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol            | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-Ray Dyes   |

#### MEDICAL CONDITIONS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No Known Conditions   | <input type="checkbox"/> Dementia              | <input type="checkbox"/> Leukemia           |
| <input type="checkbox"/> Abnormal EKG          | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Lymphoma           |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Eye Surgery           | <input type="checkbox"/> Memory Impaired    |
| <input type="checkbox"/> Alzheimer's           | <input type="checkbox"/> Glaucoma              | <input type="checkbox"/> Myasthenia Gravis  |
| <input type="checkbox"/> Angina                | <input type="checkbox"/> Hearing Impaired      | <input type="checkbox"/> Pacemaker          |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Heart Valve Prothesis | <input type="checkbox"/> Renal Failure      |
| <input type="checkbox"/> Bleeding Disorder     | <input type="checkbox"/> Hemodialysis          | <input type="checkbox"/> Seizure Disorder   |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Hemolytic Anemia      | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Cardiac Dysrhythmia   | <input type="checkbox"/> Hepatitis _____       | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Cataracts             | <input type="checkbox"/> Hypertension          | <input type="checkbox"/> Tuberculosis       |
| <input type="checkbox"/> Clotting Disorder     | <input type="checkbox"/> Hypoglycemia          | <input type="checkbox"/> Vision Impaired    |
| <input type="checkbox"/> Coronary Bypass       | <input type="checkbox"/> Laryngectomy          | <input type="checkbox"/> _____              |

#### IMMUNIZATIONS

- Influenza (date) \_\_\_\_\_  Pneumococcal (date) \_\_\_\_\_  
 Meningococcal (date) \_\_\_\_\_  
 Childhood Immunizations (date) \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

## MEDICATIONS

Type	Dosage	Frequency

### 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# \_\_\_\_\_

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#### MEDICAL CONDITIONS

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|--|--|---|
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| <input type="checkbox"/> Abnormal EKG          | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Lymphoma           |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Eye Surgery           | <input type="checkbox"/> Memory Impaired    |
| <input type="checkbox"/> Alzheimer's           | <input type="checkbox"/> Glaucoma              | <input type="checkbox"/> Myasthenia Gravis  |
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Type	Dosage	Frequency

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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: \_\_\_\_\_

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Policy # \_\_\_\_\_

Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

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\_\_\_\_\_

Current Phone Numbers:

Home: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Cellular: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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| <input type="checkbox"/> Barbiturates       | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Codeine            | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol            | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-Ray Dyes   |

#### MEDICAL CONDITIONS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No Known Conditions   | <input type="checkbox"/> Dementia              | <input type="checkbox"/> Leukemia           |
| <input type="checkbox"/> Abnormal EKG          | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Lymphoma           |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Eye Surgery           | <input type="checkbox"/> Memory Impaired    |
| <input type="checkbox"/> Alzheimer's           | <input type="checkbox"/> Glaucoma              | <input type="checkbox"/> Myasthenia Gravis  |
| <input type="checkbox"/> Angina                | <input type="checkbox"/> Hearing Impaired      | <input type="checkbox"/> Pacemaker          |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Heart Valve Prothesis | <input type="checkbox"/> Renal Failure      |
| <input type="checkbox"/> Bleeding Disorder     | <input type="checkbox"/> Hemodialysis          | <input type="checkbox"/> Seizure Disorder   |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Hemolytic Anemia      | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Cardiac Dysrhythmia   | <input type="checkbox"/> Hepatitis _____       | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Cataracts             | <input type="checkbox"/> Hypertension          | <input type="checkbox"/> Tuberculosis       |
| <input type="checkbox"/> Clotting Disorder     | <input type="checkbox"/> Hypoglycemia          | <input type="checkbox"/> Vision Impaired    |
| <input type="checkbox"/> Coronary Bypass       | <input type="checkbox"/> Laryngectomy          | <input type="checkbox"/> _____              |

#### IMMUNIZATIONS

- Influenza (date) \_\_\_\_\_  Pneumococcal (date) \_\_\_\_\_
- Meningococcal (date) \_\_\_\_\_
- Childhood Immunizations (date) \_\_\_\_\_
- \_\_\_\_\_  \_\_\_\_\_

**MEDICATIONS**

Type	Dosage	Frequency

**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# \_\_\_\_\_

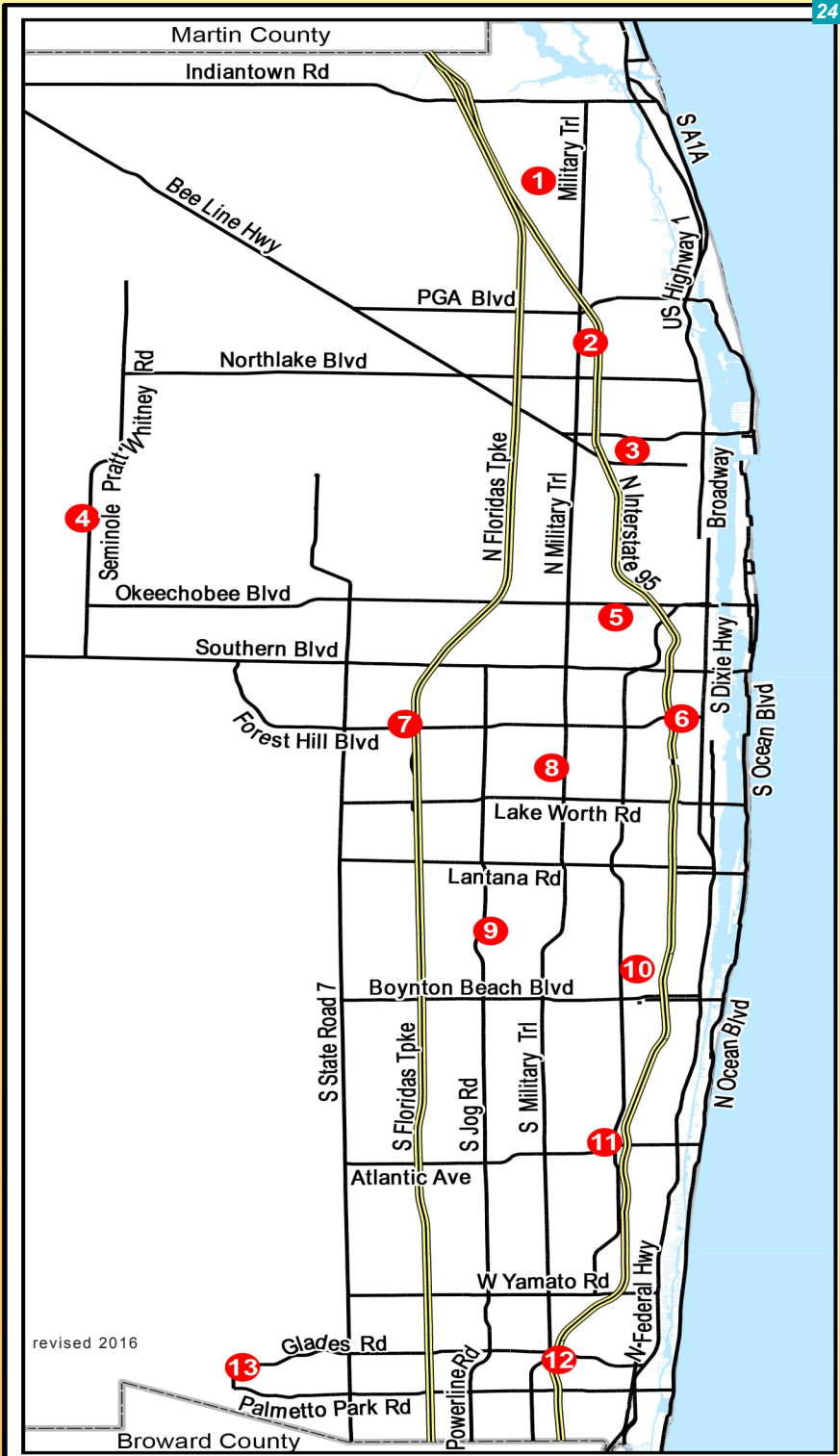
## PEOPLE IN YOUR PLAN

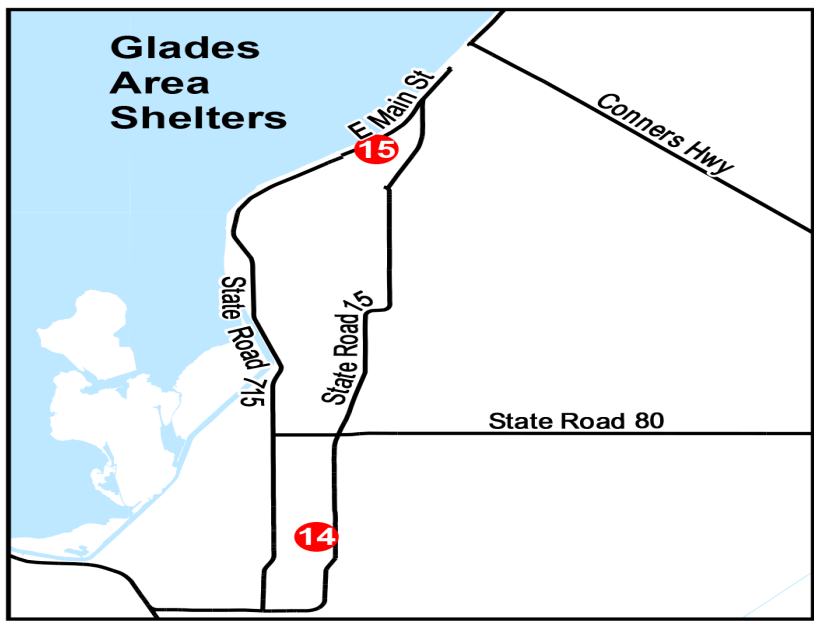
NAME	AGE	SPECIAL NEEDS	SPECIAL SKILLS	OTHER INFORMATION

## PEOPLE IN YOUR PLAN

NAME	AGE	SPECIAL NEEDS	SPECIAL SKILLS	OTHER INFORMATION







**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<br>4001 Greenway Dr, Jupiter 33458                   | 8. John I Leonard High School<br>4701 10th Ave N, Greenacres 33463            |
| 2. Palm Beach Gardens High School<br>4245 Holly Dr, Palm Beach Gardens 33410       | 9. Park Vista High School<br>7900 Jog Rd, Boynton Beach 33427                 |
| 3. Dr Mary McLeod Bethune Elementary School<br>1501 Avenue U, Riviera Beach 33404  | 10. Boynton Beach High School<br>4975 Park Ridge Blvd, Boynton Beach 33426    |
| 4. Seminole Ridge High School<br>4601 Seminole Pratt Whitney Rd, Loxahatchee 33470 | 11. Atlantic Community High School<br>2455 W Atlantic Ave, Delray Beach 33445 |
| 5. West Gate Elementary School<br>1545 Loxahatchee Dr, West Palm Beach 33409       | 12. Boca Raton High School<br>1501 NW 15th Ct, Boca Raton 33486               |
| 6. Forest Hill High School<br>6901 Parker Ave, West Palm Beach 33405               | 13. West Boca Raton High School<br>12811 Glades Rd, Boca Raton 33428          |
| 7. Palm Beach Central High School<br>8499 Forest Hill Blvd, Wellington 33411       | 14. Lake Shore Middle School<br>425 W Canal St N, Belle Glade 33430           |
|  | 15. Pahokee Middle School<br>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](http://www.211palmbeach.org) ~ [www.pbchd.com](http://www.pbchd.com)



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