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## Why Do I Need a Plan?

Disasters can effect any one, any where, and at any time.

This document is not meant to be a complete personal / family disaster plan but includes information specific for an individual who is working at a healthcare facility.

There may be an emergency event that prevents you from leaving the facility—such as a winter storm.

Take a few minutes to complete the information listed and keep this document with you.

Consider some of the concerns you may have when you are not at home.



**Make sure that you have your medication available when you need it. If you can't go without your medication make sure you keep it with you in a secured location.**

**ROCHESTER**  
REGIONAL**HEALTH**

Newark-Wayne Community Hospital

# PERSONAL DISASTER PLAN

*The information included in this plan is the responsibility of the individual completing the plan to ensure its completeness and accuracy.*



## General Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Medications (include dosage):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name:

\_\_\_\_\_

Physician Phone:

\_\_\_\_\_

Pharmacy Phone:

\_\_\_\_\_

Child Care Name:

\_\_\_\_\_

Child Care Phone:

\_\_\_\_\_

School Name:

\_\_\_\_\_

School Phone:

\_\_\_\_\_

## Contact Numbers

List other numbers that you should have available. Even if you have these numbers programmed into your cell phone it's important to have a written copy as a back up.



Emergency Contacts:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Out of Town Contacts

If you can't reach your family directly, you may be able to reach them through out of town contacts. List some options below and make sure your family members also have this information.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_