



**Coalition of Persons
with Disabilities**
Newfoundland and Labrador

PREP KIT

Personal Resource for Emergency Preparedness

My name is: _____

I live at: _____

My phone number is: _____

My emergency kit can be found: _____

I am ALLERGIC or sensitive to: _____

My blood type is: _____



In case of an emergency, please contact:

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____



Other people in my support network are:

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____

Name: _____

She/ He is my: _____

Phone Number: _____

Address: _____

The medications I take are:

Medication Name: _____

How often I take it each day: _____

How much I take each time: _____

Medication Name: _____

How often I take it each day: _____

How much I take each time: _____

Medication Name: _____

How often I take it each day: _____

How much I take each time: _____

My medications can be found: _____



I also use: (items like oxygen, wheelchair, hearing aids, specific dietary needs, etc.)



I have a service animal, her/ his name is: _____

She/ He helps me: _____

Her/ His emergency kit can be found: _____



I have personal support worker(s):

Her/ His name is: _____

Phone Number: _____

Her/ His name is: _____

Phone Number: _____

Her/ His name is: _____

Phone Number: _____

The agency is: _____

Phone Number: _____



I have a wellness plan. It can be found:



I have an advance health care directive. It can be found:

Other important information about:

My communication

My mobility

My transportation

My other medical needs

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The water shut off for my home can be found:

The power shut off for my home can be found:

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Emergency Numbers

Fire		Poison Control	
Ambulance		Doctor	
RCMP		Pharmacy	
RNC		Social Worker	
Red Cross		Case Manager	
Town/ City Council		Oxygen Provider	
		Veterinarian	

Coalition of Persons with Disabilities (COD-NL)
709-722-7011, info@codnl.ca, www.codnl.ca

This PREP Kit supported by:



