

# PERSONAL SAFETY

My name is \_\_\_\_\_

My meds \_\_\_\_\_

Important things I use

My address \_\_\_\_\_

My phone numbers are

Emergency radio/TV



My "Go Bag" is located



My neighbor

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Friend/Family

Name \_\_\_\_\_

Phone Number \_\_\_\_\_



SAFE AT HOME

PEOPLE WHO CARE