



Disaster Preparedness Plan for Substitute Care Givers

Please include all information requested including complete address and phone numbers

Your name: _____

Your Address _____

Your Phone Number _____

Your Evacuation Zone: _____

Where would you go in the place of an emergency? (Any emergency, not exclusively a hurricane)

1. Would you go to a shelter? _____ Yes _____ No

If yes, Name: _____

Address _____

Phone _____

2. Would you go to a the home of a friend/Relative? _____ Yes _____ No

If yes, Name: _____

Address _____

Phone _____

3. Would you go to a Another Location ? _____ Yes _____ No

If yes, Name: _____

Address _____

Phone _____