

EVACUATION CHECKLIST

If you must evacuate: **over eight (8) hours**, take: this card, supplies and medications.

four (4) hours or less, take: this card and medications.

SUPPLIES			
	Portable Radio/Batteries		Client Files
	Flashlights/Batteries		Blankets
	Change of Clothes and Shoes for Everyone		Emergency Food
	Emergency Water		Medications

Medication:	Medication:
Special Equipment:	Special Equipment:
Emergency Contact Person	Emergency Contact Person
Level of Prompt: <input type="checkbox"/> Gestural <input type="checkbox"/> Verbal <input type="checkbox"/> Physical	Level of Prompt: <input type="checkbox"/> Gestural <input type="checkbox"/> Verbal <input type="checkbox"/> Physical
Other Special Needs:	Other Special Needs:
Medication:	Medication:
Special Equipment:	Special Equipment:
Emergency Contact Person:	Emergency Contact Person:
Level of Prompt: <input type="checkbox"/> Gestural <input type="checkbox"/> Verbal <input type="checkbox"/> Physical	Level of Prompt: <input type="checkbox"/> Gestural <input type="checkbox"/> Verbal <input type="checkbox"/> Physical
Other Special Needs:	Other Special Needs:
Medication:	Medication:
Special Equipment:	Special Equipment:
Emergency Contact Person:	Emergency Contact Person:
Level of Prompt: <input type="checkbox"/> Gestural <input type="checkbox"/> Verbal <input type="checkbox"/> Physical	Level of Prompt: <input type="checkbox"/> Gestural <input type="checkbox"/> Verbal <input type="checkbox"/> Physical
Other Special Needs:	Other Special Needs: