

Please cut-out and fold an Emergency Plan Wallet Card for each member of your family.

Emergency Plan Wallet Card
Berkeley County Health Department

Name		Today's Date	
Address		City	State
Phone #	Date of Birth	Blood Type	
Allergies			
Medication		Dosage	
Medication		Dosage	

Communication Plan

Local Contact Name	Phone #
Out of Area Contact Name	Phone #
School Phone #	School Phone #
Mother Work #	Father Work #
Physician Name	Phone #
Veterinarian Name	Phone #

Emergency Plan Information

Disaster Kit Location	
Meeting Place Outside the home	Neighbors Phone #
Meeting Place Outside the Neighborhood	Phone #
Hospital	Phone #
Other	Phone #
Other	Phone #

Family Information

Name	Date of Birth	Blood Type	Allergies, Medical Conditions, and Medications (& Dosages)

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