

Emergency Binder Project

_____ Emergency Binder Project

Binder Spine Label

Insert your family name

This is your Emergency Binder

The majority of the pages are in Word so you can type over, change a list, or add to a table to suit your family circumstances.

- Find a secure location for your Emergency Binder.
- Make sure your family knows where it is.
- During an emergency situation take the binder with you.
- Documents in this Binder will prove who you are, what you own, and help with where you will meet your family in an emergency.
- You may omit pages if you wish (No pets? Don't need the Pets Pages)
- This Binder will also serve as a reminder. If you don't have a Will yet you may want to note that in the Binder.
- You may want to have a couple of notebook zipper pockets to hold USB drives, check book, and cash.
- You may want to scan the pages you finish to a USB drive, laptop or other device.
- Remember that if the power is out you will need paper copies. This is a great way to have it all in one place.
- Don't go into debt to get this done. Financial Preparedness is part of Emergency Preparedness.
- Make this a family project and have fun with it. Do a little at a time.

1. Vital Records

2. Financial Documents

3. Insurance Documents

4. Kits Information

5. Residents/Household Inventory

6. Family Emergency Plans/Communication

7. Online Links to Emergency Preparation

Review this book once a year

Date Reviewed.....

1. Vital Records

Adoption/Foster Care Documents

Birth Certificates

Divorce Decrees

Driver's Licenses

Funeral-Prearranged Agreements

Marriage Certificates

Passports

School Records

Social Security Cards

Wills/Living Wills

Copy front and back if they have backside information

2. Financial Documents

Property Deeds

Vehicle/Registration Titles

Checking Accounts

Savings Accounts

Credit Card(s) Information

Loans, Car, Student, Other

Mortgage Information

Investments

Retirement

Passwords

Income Tax Returns

Property Tax Records

Credit Reports

Pay Check Stubs

Retirement Information

Checking and Savings Accounts

Account Name	Account #	Routing #	Type	Instructions

Credit Cards

Owner	Credit Card Name	Credit Card Co	Card #	Interest Rate	Phone #

Loans and Student Loans

Owner	Loan Reason	Account #	Bank	Interest Rate	785-666-8888

Mortgages

Owner(s)	Mortgage Acct #	Bank	Interest Rate	Phone #

3. Insurance Documents

Car Insurance

Flood Insurance

Home Owners Insurance Policies

Home Warranty Policies

Funeral Arrangement Policies

HVAC Maintenance Information

Life Insurance Policies

Medical Insurance Cards

Medical Insurance Policies

Other Maintenance Contracts

Pet Insurance

Pest Control

Renters Insurance

Highlight items you need to complete. Check if you are done.

4. Kits Chapter

72 Hour Kits

Work Kit

Dorm Room Kit List

Vehicle Kit (Summer & Winter)

1st Aid Kit

Pet Kit List

Over the Counter Meds Kit

2 Week Food Kit

Sheltering in place, at home, is preferred. If you have to leave your home, make sure your home is secured, you have communicated to someone where you will be, and you are listening to alerts in your area.

Kit Locations

Type	Locations	Notes	Completed
72 Hour Kits			
Work Kit			
Dorm Room Kit			
Vehicle Kit			
1st Aid Kit			
Pet Evac Kit			
OTC Meds Kit			
2 Weeks Non-Perishable Food			

72 Hour Kit Minimum Recommendation

Home or Bugging Out Kit

Items	Done X
All Kansans should have basic supplies on hand for at least 3 days in case of disaster.	
1 Gallon Water per person per day	
3 Days Non-perishable Food, Meds	
Battery operated/hand crank or solar radio and a NOAA Weather radio with tone alert and extra batteries for both.	
Flashlight and batteries	
If there is a power outage, solar lights on hand are great for power outages.	
1 st Aid Kit	
Whistle to signal for help	
Dust Masks to help filter contaminated air	
Plastic sheeting and Duct tape for sheltering in place	
Moist towelettes, garbage bags, toilet paper, and plastic ties for sanitation.	
A big wrench or pliers to turn off utilities	
Can opener for canned food	
Local and state maps (Phones may not work) (Teach Children to Read Maps)	
Cell phone with Charger (Consider a Solar Charger)	
Family communication plan with ID information on cards for each person	
Flu Kit: Powdered Gatorade, Thermometer, Anti-diarrheal Meds	
<i>This Emergency Binder with important information</i>	
<i>Mask, Hand Sanitizer and Covid Vaccination Card</i>	
<i>Once you assemble the above kit, you may want to add the following:</i>	
Two week supply of non-perishable food (SEE 2 Week Checklist)	
Prescription Medications (enough for 2 weeks)	
Infant supplies: Formula, Diapers, Bottles, Wipes, Diaper Rash Cream	
Pet Supplies (see Pet Page)	
Extra glasses or contacts	
Cash, travelers checks (ATMs may be down)	
Sleeping bags or warm blankets for each person	
Change of clothing	
Water filter bottles or chlorine bleach in an eye dropper for disinfecting water.	
Matches, lighters, or fire starter kit	
Feminine hygiene items	
Mess Kits or plates, bowls and cups. Silverware. Fire proof. Heat resistant.	
Paper and pencil	
Leatherman Multi Tool	
Other Items pertaining to your family needs. Babies, Elderly, Health Conciderations	

Work Kit

Be prepared to shelter in place at work for at least 24 hours. You may have to walk home if there are barriers on the roads. Your work kit should have:

Water	
Food	
Medicines, enough for a couple of days	
A change of clothes appropriate for season	
Comfortable walking shoes	
A flashlight	
Phone Charger	
Whistle	
1 st Aid Kit	
Mask, Hand Sanitizer, Copy of Covid Vaccine Card	

Dorm Room Kit (for one person)

This is a 2 week supply.

1 can opener	
2-4 rolls of toilet paper	
1 box of moist towelettes for washing up	
Granola bars, Oatmeal, and individual cereals for breakfast (total of 14)	
28 Ready to Eat foods such as Soup, Stew, Chili, MREs, Ravioli, Hormel Ready to Eat foods that don't need refrigeration	
Snacks like hard candy and jerky	
List of contacts with phone numbers written on paper in case your phone isn't working. A large backpack to carry if you have to evacuate.	
Solar phone charger	
Cash	
Metal spoon, knife, and fork	
1 roll under the bed container for above items	
1 case of bottled water under the bed	
Travel Size: soap, hand towel, deodorant, shampoo, toothpaste, toothbrush	
Garbage bags	
Prescription Medicine	
Mask, Hand Sanitizer, Copy of Covid Vaccine Card	

Vehicle Kits (summer and winter)

Jumper Cables	
Flares or Reflective Triangles, Red Flag for Signaling	
Cell Phone Charger (consider a Solar Charger)	
Water and Snacks	
Maps Local and State	
Glass Breaker (keep in glove compartment)	
Mylar Blanket	
Black Magic Marker	
Mask, Hand Sanitizer, Copy of Covid Vaccination Card	
Winter Vehicle Kit (if you live in a northern climate)	
Ice Scraper	
Sand or Cat litter for extra traction	
Blanket or Sleeping Bag	
Hats, Boots, Gloves	
A Tin Cup and a Candle	
A full tank of gas	
Chains for tires if required	
Hand warmers	

1st Aid Kit

Antiseptic Wipes (BZK based wipes preferred, alcohol based OK)	
Antibacterial ointment	
Assorted adhesive bandages (fabric preferred)	
Butterfly bandages/adhesive wound closure strips	
Gauze pads of various sizes & rolled gauze	
Non-stick sterile pads	
Medical adhesive tape (10 yards x 1")	
Blister treatment	
Ibuprofen or other pain relievers	
Antihistamine to treat allergic reactions (Benadryl)	
Splinter tweezers	
Safety pins	
First Aid manual	
Ice bag for injury	
Heat bag for injury	
Triangular cravat bandage	
Finger splints	
Rolled, stretch to conform bandages	
Hydrogel-based pads (feminine hygiene pads can be used as wound covers)	
Hemostatic (blood stopping) gauze	
Liquid bandage	

Pet Kit

Paw pads, Service Animal vest if needed	
Leash, Harness, Collar, Muzzle if needed	
Food for 14 days	
Meds for 14 days	
Water for 14 days	
Doggy or Kitty do-do bags	
Small litter box	
Pet Carrier or Kennel	
Pet ID Tags or License	
2 plastic containers (collapsible) with lids (1 for food, 1 for water)	
Blanket	
Complete Pet Page with vet's phone number, medications and photo	
Puppy Pads	
Stat! Syringe First Aid to induce vomiting in dogs	
Styptic Solution to stop bleeding	
Be careful in using human cures for pets. They like to lick the meds and band aids off.	

Over the Counter Medicine Kit List

- 1-2 Week Supply of Prescriptions
- Nonprescription pain relievers
 - Ibuprofen, Aspirin, Naproxen (Aleve), Acetaminophen (Tylenol)
- Nonprescription anti-diarrhea product
- Nonprescription laxative product
- Hand sanitizer/wipes
- Eye drops
- Tums
- Prilosec
- Sunscreen
- Lip Balm with Sunscreen
- Extra pair of Glasses/Sunglasses/Contact Lenses/Solution
- Bug Spray
- Bug Bite Aftercare
- Wound Wash
- Diabetics:
 - Glucose Tablets
 - Diabetic Testing Meter
 - Extra Batteries for Testing or Insulin Pump
 - Testing Strips
 - Extra Pens, Needles, Syringes
 - Frozen Water Bottles and Cooler for Insulin Storage
- Allergy Medication
 - Cold, Cough Syrup
 - Cough Drops
 - Claritin
 - Benadryl
 - Mucinex
- Hydrocortisone Cream
- Vaseline
- Multivitamins
- Sleeping Aid (Ibuprofen PM)
- Powdered Gatorade or Pedialyte (for electrolyte loss in flu season)
- Masks and Gloves

Keep this list with your kit.

This list was compiled by a pharmacist.

To help you plan your two week food supply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snacks							
Snacks							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snacks							
Snacks							

Food Storage Kit for 2 Weeks (Non-Perishable Food)

- Collect items that need little to no cooking as power outages may occur
- You may want to add a small camp stove and fire starting items to your kit (Do Not operate a camp stove in your house) Camp stoves are for outdoor use only.
- Water and or Water Filter bottles would be a good addition (Do Not drink untreated water. Filter or boil all water for consumption.
- If you have a fire place, make sure that it has been maintained and is safe to use. Keep firewood on hand.
- Choose foods you normally eat
- Rotate out your food purchases, eat them, Rotate in new food
- Pick foods that may last a year, again rotate.
- Many *non-food* items on the list can be obtained at garage sales and auctions.
- Depending on the size of your family, this food kit can fit into a trunk on wheels. The water of course is separate.
- Do this a little at a time so that you are not going into debt to accomplish this

Food and Food Related Items for 14 Days	Done
Water (1 gallon per person, per day) More if you store food that needs water.	
Canned Food: Ready to eats, Fruits, Veggies, Chicken, Tuna, Soups, and Juices	
Dried Food: Soups, Fruits, Ramen, Pasta, Just add Water Meals	
Pouch & Boxed Foods, Mac & Cheese, Rice and Pasta Meals, Potatoes, Soup, Pudding, Fruits, Jell-O, MREs, Juice, Milk, Pop tarts, Oatmeal and Cereal Packets. Fruit Pouches	
Snacks: Hard Candy, Energy Bars, Jerky	
Drinks: Kool-Aid, Tea, Instant Coffee, Juice Boxes	
Staples: Sugar, Flour, Shortening, Salt & Pepper, Yeast	
Peanut Butter! Jelly, Crackers!	
Disinfecting Wipes, Small dish soap, hand soap, wash cloth and hand towel in a small bucket.	
Eating Utensils: Mess Kit or Paper Goods if you need to travel. You can always wash your dishes. If you use paper goods, only, you may not have anything to eat with after a while. A couple of pots for cooking if you have to evacuate.	
Special Family Needs: Formula, Baby Food, Ensure, or any other dietary needs	
Camp Stove, Fire Starting, and Fuel	

5. Residents and Household Inventory

Fill out forms or put information into page protectors.

Personal Information Form

School Children

Pet Information

Caregiver Form

Medical Information Form

Med Tracker

Immunization Records Form (get copy from your Doctor)

Prescriptions for Glasses, Contacts (put into a Page Protector)

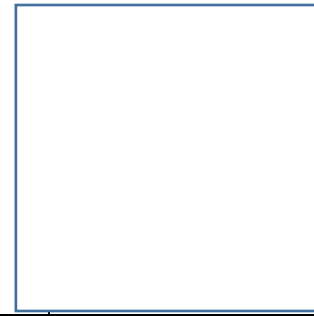
Equipment Serial Numbers and Photos

Resumes (Page Protectors)

Video of Contents of Home (USB or Photos)

Combinations to Safes/Locks/Spare Keys Form

Personal Information



Name:			
Home Address:			
Work Address:		Birthday:	
Mobile Phone:		Social Security #	
Home Phone:		Blood Type:	
Work Phone:		Hair Color:	
Personal Email:		Weight:	
Work Email:		Eye Color:	
Other:		Religious Affiliation	

Children

Name	Birthday	Primary Custody	Secondary Custody

Custody Information

	Name	Address	Phone Number
Primary			
Secondary			
Emergency Family Contact			

School Children

Child Name	School/Daycares	Address/Hours	Phone	Childs Phone	Special Needs

Other Residents in Home

Name	Phone	Relationship

Personal Information

Pets Page

Name:			
Owner:			
Chip #		Birthday:	
License #		Breed:	
Kennel		Color:	
Infirmities:		Weight:	
Medical Equipment:		Eye Color:	
Other:		Allergies:	



Take a picture of you with your pet

How social is your pet?

Pets and Vets

Pet	Vet	Address	Phone #	Special Needs

Medications

Pet	Medications	Instructions	Pharmacies	Frequency

Personal Information

Care Giver Information (for special needs adult or child)

Name of Cared for:	Name of Caregiver:
Emergency Contact/Power of Attorney:	
Name:	Phone #
Power of Attorney Financial Matters:	
Name:	Phone #
Physicians	
Name:	Phone #
Personal/Bath	
Name:	Phone #
Basic Cleaning	
Name:	Phone #
Lunch	
Name:	Phone #
Grocery Delivery	
Name:	Phone #
Yard/Exterior Work	
Name:	Phone #
Medication	
Name:	Phone #
Pharmacy	
Name:	Phone #
Case Worker	
Name:	Phone #
Family Backup	
Name:	Phone #

OPERATION RED FILERed File on Refrigerator for those needing special care.
KDADS (Kansas Department for Aging and Disability Services)
[https://www.kdads.ks.gov/docs/default-source/commissions/medicare-programs/kansas-senior-medicaid-patrol-\(smp\)/operation-red-file-information-form.pdf?sfvrsn=3cd539ee_18](https://www.kdads.ks.gov/docs/default-source/commissions/medicare-programs/kansas-senior-medicaid-patrol-(smp)/operation-red-file-information-form.pdf?sfvrsn=3cd539ee_18)

Personal Information

Medical Information (you may need more than one of these pages)

Name: _____

Medicines and Supplements: *Put a Current Prescription List from your Doctor in a Page Protector or use spreadsheet on next page.*

Glasses/Contacts: *Put Prescriptions in Page Protector*

Known Allergies: _____

Doctors, Clinic and Phone Numbers

Doctor	Phone	Address	Type

Medical Emergency Contacts:

Medical Equipment: (cpap, crutches)

Personal Care: (Diapers, soaps etc)

Impairments: (nonverbal, blind, deaf)

OTHER NOTES:

Personal Information

Medical Information Continued (may need more pages for others in the home.

Medication Tracker for those who are Caregivers or have Multiple Prescriptions

Medication Tracker For: _____ Date: _____

MORNING RX	Size	Instructions	RX Number
NOON RX			
EVENING RX			
BEDTIME RX			

Pharmacies and medications (you can get a medication list from your pharmacist)

Pharmacy	Address	Phone #

6. Family Emergency & Communication Plans

Family Emergency Plan

Create a Plan w/FEMA Suggestions

Communication Plan w/FEMA Suggestions

Contacts

Make A Plan Be Informed Communicate

Make a plan with your family

Consider specific needs in your household

Fill out a Family Emergency Plan

Practice your plan

MAKE A PLAN

Discuss the following four questions with your family, friends, and household members.

1. How will I receive emergency alerts and warnings?
2. What is my shelter plan?
3. What is my evacuation route?
4. What is my family/household communication plan?

CONSIDER SPECIFIC NEEDS IN YOUR HOUSEHOLD

No two families are the same.

1. Different ages within your household
2. Responsibilities for assisting others? Work Responsibilities, 1st Responder?
3. Locations frequented
4. Dietary needs
5. Medical needs including prescriptions and equipment
6. Disabilities or access and functional needs
7. Languages spoken
8. Cultural and religious considerations
9. Pets or service animals
10. Households with school-aged children
11. Caregiver to others outside your home?

**Household
Information**

Home Phone_____

Address_____

Name_____ Mobile #_____

Other # or Social Media_____

Email_____

Important medical or other information_____

Name_____ Mobile #_____

Other # or Social Media_____

Email_____

Important medical or other information_____

Name_____ Mobile #_____

Other # or Social Media_____

Email_____

Important medical or other information_____

Name_____ Mobile #_____

Other # or Social Media_____

Email_____

Important medical or other information_____

Name_____ Mobile #_____

Other # or Social Media_____

Email_____

Important medical or other information_____

School, Childcare, Caregiver, and Workplace Emergency Plans

Name _____
Address _____
Emergency/Hotline # _____
Website _____
Emergency Plan/Pick-Up _____

Name _____
Address _____
Emergency/Hotline # _____
Website _____
Emergency Plan/Pick-Up _____

Name _____
Address _____
Emergency/Hotline # _____
Website _____
Emergency Plan/Pick-Up _____

Name _____
Address _____
Emergency/Hotline # _____
Website _____
Emergency Plan/Pick-Up _____

Name _____
Address _____
Emergency/Hotline # _____
Website _____
Emergency Plan/Pick-Up _____

In Case of Emergency Contact (ICE)

Put the word ICE in your contacts in your mobile phone. People will know who to call in an emergency.

Primary Emergency Contact

Name _____
Address _____
Home # _____
Mobile # _____
Relationship _____

Back-up Contact

Name _____
Address _____
Home # _____
Mobile # _____
Relationship _____

Out of Town Contact

Name _____
Address _____
Home # _____
Mobile # _____
Relationship _____

Back up Out of Town Contact

Name _____
Address _____
Home # _____
Mobile # _____
Relationship _____

Emergency Meeting Places

Indoor _____

Instructions _____

Neighborhood _____

Instructions _____

Out of Neighborhood _____

Address _____

Instructions _____

Out of Town _____

Address _____

Instructions _____

Important Phone Numbers

Police.....Dial 911 or #.....

Fire.....Dial 911 or #.....

Poison Control.....#.....

Doctor.....#.....

Doctor.....#.....

Pediatrician.....#.....

Dentist.....#.....

Hospital/Clinic.....#.....

Pharmacy.....#.....

Medical Insurance.....#.....

Policy #.....

Medical Insurance.....#.....

Policy #.....

Homeowner/Rental Insurance.....

Policy #.....#.....

Flood Insurance.....#.....

Veterinarian.....#.....

Kennel.....#.....

Electric Co.....#.....

Water Co.....#.....

Alternate Transportation.....

Other.....#.....

Other.....#.....

Other.....#.....

7. Emergency Preparedness Internet Links

State of Kansas Disaster Information

<http://www.kansastag.gov/.asp?PageID=428>

Links to various Kansas sites such as Burn Bans, Flood Preparedness, Drought, Travelers', and Flood Insurance.

Kansas Ready

<http://www.ksready.gov/>

Preparedness for Kids, Amateur Civil Emergency Services, County Contacts, National Weather Service, and Kansas Response Plan. Emergency Binder Pages

FEMA

<https://www.fema.gov/>

Individual Emergency Assistance after a disaster.

FEMA Ready.gov

<https://www.ready.gov/>

Make a Plan, Alerts, Financial Preparedness, Ready Campus, Pets and Animals, Seniors, Evacuation, Shelter, Build a Kit, Ready Business, and Safety Skills.

Just Serve

<https://www.justserve.org/>

[Register to Volunteer in your community. Register a volunteer opportunity.](#)

CERT (Community Emergency Response Teams)

[KSREADY.GOV - Citizen Corps / CERT](#)

United Way

<https://www.unitedway.org/find-your-united-way>

Just call 211 to volunteer or to request help after a disaster

FEMA Preparedness Videos (over 50 videos)

<https://www.youtube.com/playlist?list=PLFA534DC6450B0B3A>

Flood Insurance

[Flood Insurance | FEMA.gov](#) Where to get flood insurance.

[FEMA Flood Map Service Center | Welcome!](#) Where you can see if you are in a flood zone.

Tab Labels for your Binder Chapters

1.Vitals

2.Financial

3.Insurance

4.Kits

5.Inventory

6.Plans/Com

7.Links