

Emergency Check List

Toiletries & Personal Items

- | | | |
|--|---|--|
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Tooth Paste | <input type="checkbox"/> Tooth Brush |
| <input type="checkbox"/> Hand Sanitizer | <input type="checkbox"/> Body Towelettes | <input type="checkbox"/> Spare Glasses |
| <input type="checkbox"/> 1 Change of Clothes | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Incontinence Supplies | <input type="checkbox"/> Nail File & Clippers | <input type="checkbox"/> 1 Towel |

Electronics

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Batteries—hearing aids | <input type="checkbox"/> Wall Plugs | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Head Phones | <input type="checkbox"/> Flashlight | <input type="checkbox"/> Charger |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Batteries |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Comfort Items

- | | | |
|--|---|--|
| <input type="checkbox"/> Blanket | <input type="checkbox"/> Magazines | <input type="checkbox"/> Sensory Items |
| <input type="checkbox"/> Playing Cards | <input type="checkbox"/> Activity Cards | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Miscellaneous

- | | | |
|--|--|--|
| <input type="checkbox"/> Pens & Pad of Paper | <input type="checkbox"/> Small First Aid Kit | <input type="checkbox"/> Umbrella |
| <input type="checkbox"/> Spare Keys | <input type="checkbox"/> Snacks | <input type="checkbox"/> Bottled Water |
| <input type="checkbox"/> Cash/Change | <input type="checkbox"/> Medications & Medication Supplies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Documents

- | | |
|--|--|
| <input type="checkbox"/> Copy of Current Medications, Allergies, & Diagnosis | <input type="checkbox"/> DNR/MOST Form, Advance Directives |
| <input type="checkbox"/> Medicare & Medical Insurance Cards | <input type="checkbox"/> Copies of All Legal Documents |
| <input type="checkbox"/> Emergency Phone List | |