

# 1<sup>ST</sup> NURSE REGISTRY

2215 N. Military Trail, Suite O, West Palm Beach, FL 33409

Phone: 561-948-2010 Fax: 561-948-2012

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## PERSONAL EMERGENCY PLAN

CLIENT NAME: \_\_\_\_\_

In case of emergency (such as a hurricane, tornado, fire, flood, chemical spill, power outage or other emergency or crisis), I have made the following plans:

1. \_\_\_\_\_ I plan to remain at home.
2. \_\_\_\_\_ I plan to go to the home of a friend or relative.

Friend or relative's Name and Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_ I plan to go to a special needs shelter (Please complete a Palm Beach county Special Needs Application Form).
4. \_\_\_\_\_ I plan to go to an emergency shelter that is not a special needs shelter.

I am not staying at home, or if I need evacuation, I have the following transportation plans:

5. \_\_\_\_\_ I can provide my own transportation.
6. \_\_\_\_\_ I cannot provide my own transportation and will make plans with a friend or relative to transport me.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

7. \_\_\_\_\_ I cannot provide my own transportation and I will register with Palm Tran at 561-649-9838 for transportation to a shelter.
8. \_\_\_\_\_ If possible, I would like my caregiver to remain with me during an emergency. (PLEASE NOTE: If you plan to go to a special needs shelter, you will need to be accompanied by a Caregiver who can assist you and who will remain with you. A Caregiver can be a 1<sup>ST</sup> Nurse Registry Caregiver, relative, household member, guardian, friend, neighbor or volunteer.)

My emergency contact is: \_\_\_\_\_

Phone: \_\_\_\_\_

Attached is my Emergency Medical Information Sheet, which lists all medications, supplies and equipment that I would require during an emergency, as well as other emergency information.

**I will keep you informed of any changes to this list.**

\_\_\_\_\_  
Client Signature (Authorized signature if other than patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship

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1<sup>ST</sup> Nurse Registry emergency contact numbers are:

**President/CEO: 561-632-1187**

**Administrator: 561-948-2010 Ext. 105**

**Office Manager: 561-948-2010 Ext. 7**