YOUR DISASTER PLAN

Avery T. Horton, Jr.
Southwestern
Oregon Preppers

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AVERY

- B.S. DEGREE COMPUTER SCIENCE
- SURVIVALIST/PREPPER SINCE 1980s
- C.E.R.T. TRAINED AND C.E.R.T. TRAINER
- BASIC DISASTER LIFE SUPPORT
- CEETEP
- FIRST AID/CPR CARDHOLDER
- HOME CARE WORKER
SOUTHWESTERN OREGON PREPPERS

• Meet monthly
• Brookings through Reedsport
• Like minded people sharing ideas
• Teach skills
• Self-reliant
YOU

• NAME
• ADDRESS
• TELEPHONE
• WORK – NAME, ADDRESS, PHONE, MANAGER’S NAME/PHONE
• EMAIL ADDRESS
• PHOTO OF YOU
• THE MOST IMPORTANT THING TO KNOW ABOUT ME IS...
• DO YOU NEED ASSISTANCE TO HEAR?
• DO YOU NEED ASSISTANCE TO ANSWER QUESTIONS?
• DO YOU HAVE A MEDICAL OR HEALTH CONCERN NOW?
• DO YOU NEED MEDICAL EQUIPMENT OR MEDICINE FOR DAILY LIVING?
• DO YOU NORMALLY NEED A CAREGIVER, PERSONAL ASSISTANT OR SERVICE ANIMAL?
• DO YOU HAVE ANY SEVERE ALLERGIES TO ENVIRONMENT, FOOD OR MEDICINE?
• RELIGIOUS PREFERENCE

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YOUR FAMILY

• NAME
• RELATIONSHIP
• DATE OF BIRTH
• PHOTO
• SCHOOL
• WORK
• WHAT’S IMPORTANT TO KNOW ABOUT THEM

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EMERGENCY CONTACTS

- CAREGIVER CONTACT INFORMATION
- FAMILY/FRIEND (RELATIONSHIP) CONTACT INFORMATION IN AREA
- FAMILY/FRIEND (RELATIONSHIP) CONTACT INFORMATION OUT OF AREA
- DOCTOR CONTACT INFORMATION / POLICY NUMBER
- PHARMACIST CONTACT INFORMATION / POLICY NUMBER
- MEDICAL INSURANCE / POLICY NUMBER
- VET/KENNEL (PETS)
- POWER OF ATTORNEY (HEALTH CARE, FINANCIAL, ETC...)
- POLICE
- FIRE
- EMERGENCY MANAGEMENT
- HOSPITAL

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WHERE DO I GO?

• EMERGENCY MEETING LOCATION
• EMERGENCY SHELTER LOCATION
• EVACUATION LOCATION
HOME

• WATER SHUT OFF LOCATION
• ELECTRIC SHUT OFF LOCATION
• GAS SHUT OFF LOCATION
• FIRE EXTINGUISHER LOCATIONS
• ESCAPE ROUTES
MAPS

- HOME
- WORK
- SCHOOL
- NEIGHBORHOOD
- CITY
- COUNTY
- STATE
- PLACES TO SHELTER, HIDE, STAY WARM/DRY

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MEDICINE

• LIST OF ALLERGIES
• OVER THE COUNTER MEDICATIONS
• PRESCRIPTION PRINTOUTS
• MEDICINE (FOR EACH PRESCRIPTION)
  – DOSAGE
  – AMOUNT
  – HOW OFTEN YOU TAKE IT

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IMPORTANT PAPERS/VITAL RECORDS

• INSURANCE POLICIES
• ADVANCED MEDICAL DIRECTIVE
• ORGAN DONOR
• IMMUNIZATION RECORD
• BIRTH/MARRIAGE CERTIFICATES
• TITLES/DEEDS/LICENSES
• BANK/FINANCIAL RECORDS
PETS

- NAME OF SERVICE ANIMAL
- NAME OF PET(S)
- TYPE OF PET(S)
- PHOTO OF PET(S)
- WHAT’S IMPORTANT TO KNOW ABOUT PET
PERSONAL PROTECTION

- SELF DEFENSE
- WEAPONS
- AVOID/EVADE/ESCAPE
- CAMOUFLAGE
- SUBTERFUGE

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You’re On Your Own

Copyright © 2008
Avery T. Horton, Jr.
CONTACT AVERY

averyhorton@gmail.com

Cell 520.603.8107

PO Box 1673
Bandon, OR 97411
CONTACT SWOP

meetup.com/Southwestern-Oregon-Preppers

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