The Renal Preparedness Project

MY EVACUATION ROUTES

Primary Route:

- Direction: _____
- Destination: _____
- Address: _____
- Estimated drive time: _____

Backup Route:

- Direction: _____
- Destination: _____
- Address: _____

DIALYSIS CENTERS ALONG MY ROUTE

Center Name	Address	Phone	Distance

SHELTER OPTIONS

- Medical needs shelter: _____
- Pet-friendly shelter: _____
- Hotel/motel option: _____
- Family/friend destination: _____

MY EMERGENCY KIT CHECKLIST ☐ Emergency Medication Log ☐ Dialysis Emergency Card ☐ 3-day supply of medications ☐ 3-day renal-friendly food supply ☐ Fluid restriction tracker ☐ Insurance cards and ID ☐ Phone charger and backup battery ☐ Change of clothes ☐ Blanket ☐ Flashlight and batteries ☐ Cash (small bills) ☐ Pet supplies (if applicable)

SPECIAL REGISTRY

- Registered with county Special Needs Registry? ☐ Yes ☐ No
- Registry phone number: _____