



# Be Prepared... for Any Emergency!





## Be Prepared... for Any Emergency!

This coloring book was compiled by the Montgomery County Office of Emergency Management and Homeland Security (OEMHS) in an effort to increase child and family emergency preparedness within the county. Every year, emergencies affect millions of people globally causing injuries, fatalities, economic losses, and emotional stress. However, simple emergency planning and preparedness can greatly decrease disaster losses.

Learning about preparedness from a young age can instill good habits in children for the future. As children grow, they become more educated about how to respond to emergencies at school, home, and eventually in the workplace.

Much like adults, children should be ready to act appropriately should an emergency arise. They should feel empowered to take suitable actions and to inform adults of options if the adult has not been properly trained. Preparedness knowledge is also crucial to reduce panic and stress in emergency situations.

OEMHS encourages parents to talk to children about preparedness. While this topic can often be difficult to discuss, it does not need to be. Preparedness activities can easily be turned into games or art. Children can be quizzed and rewarded for their preparedness knowledge.

More information about OEMHS can be found at:  
<http://montgomerycountymd.gov/oemhs/>.

# Hazards



Thunderstorm  
and Lightning



Earthquake



Tornado



Public Health



Hurricane



Utility  
Utility



Flooding



Fire & Medical



Drought



Make a  
Family Plan



Winter Storm



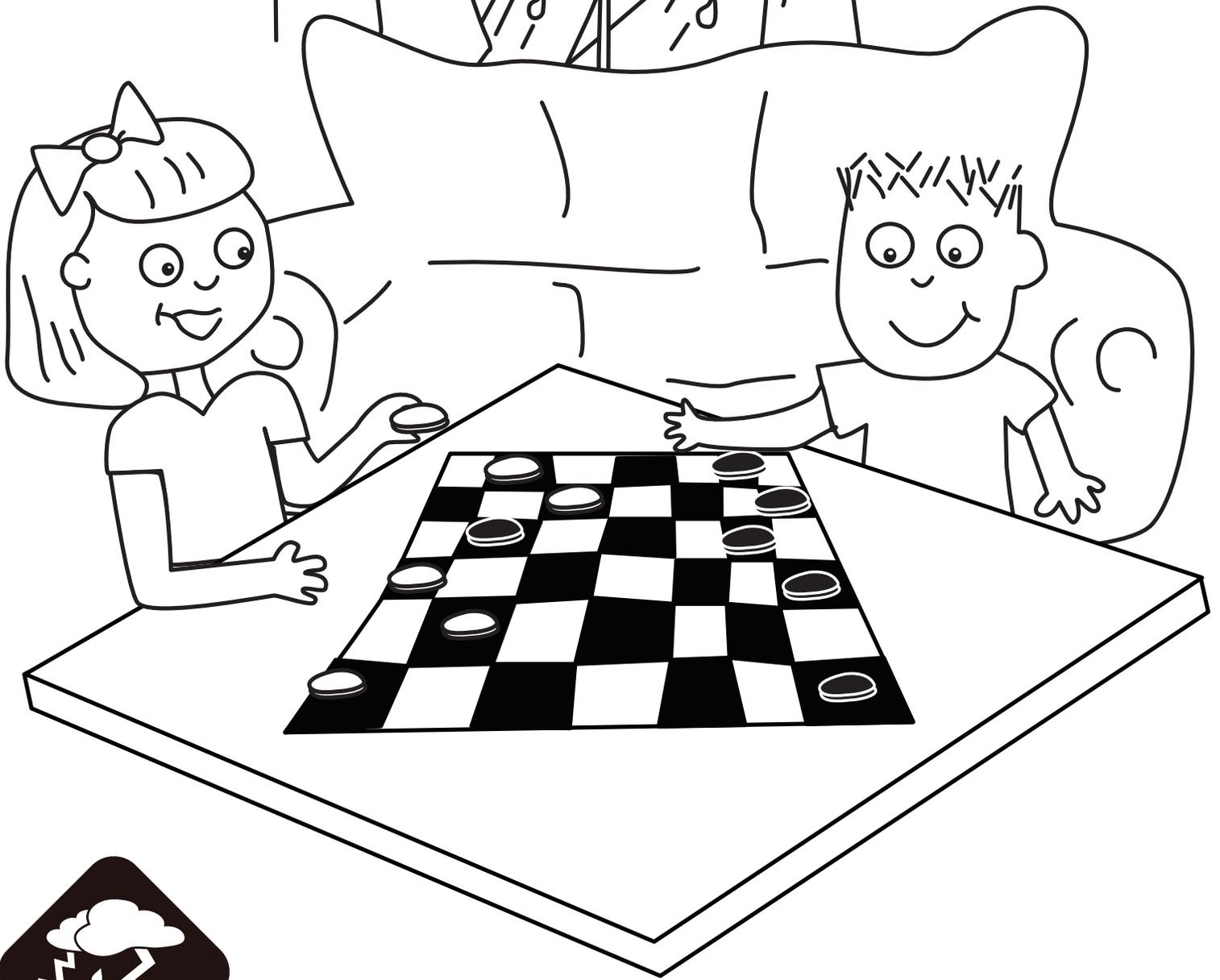
Make a  
Disaster Kit



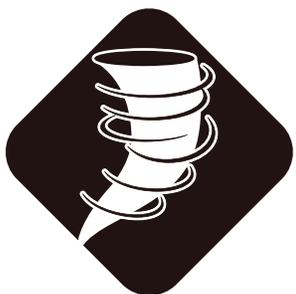
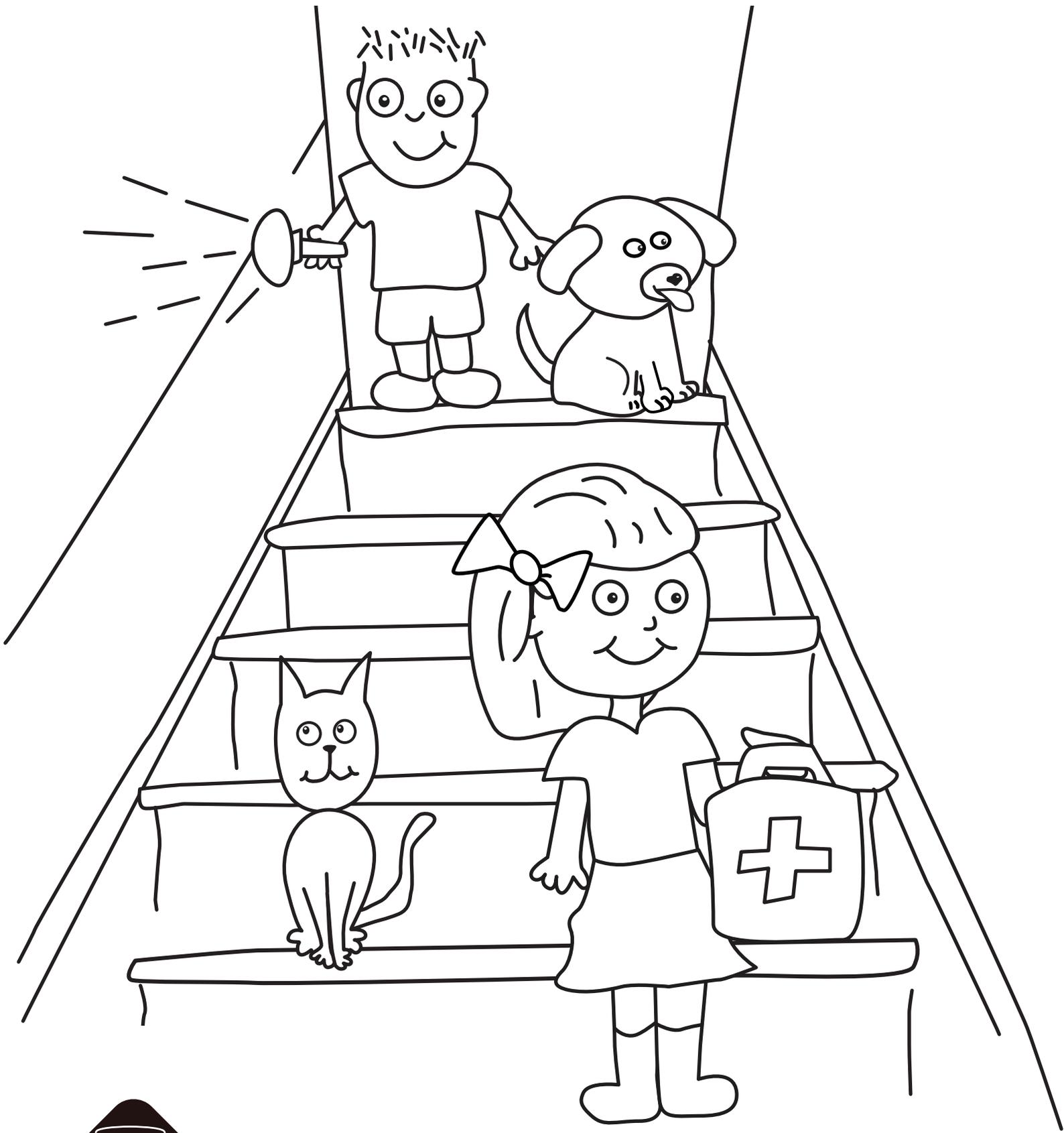
Extreme Heat



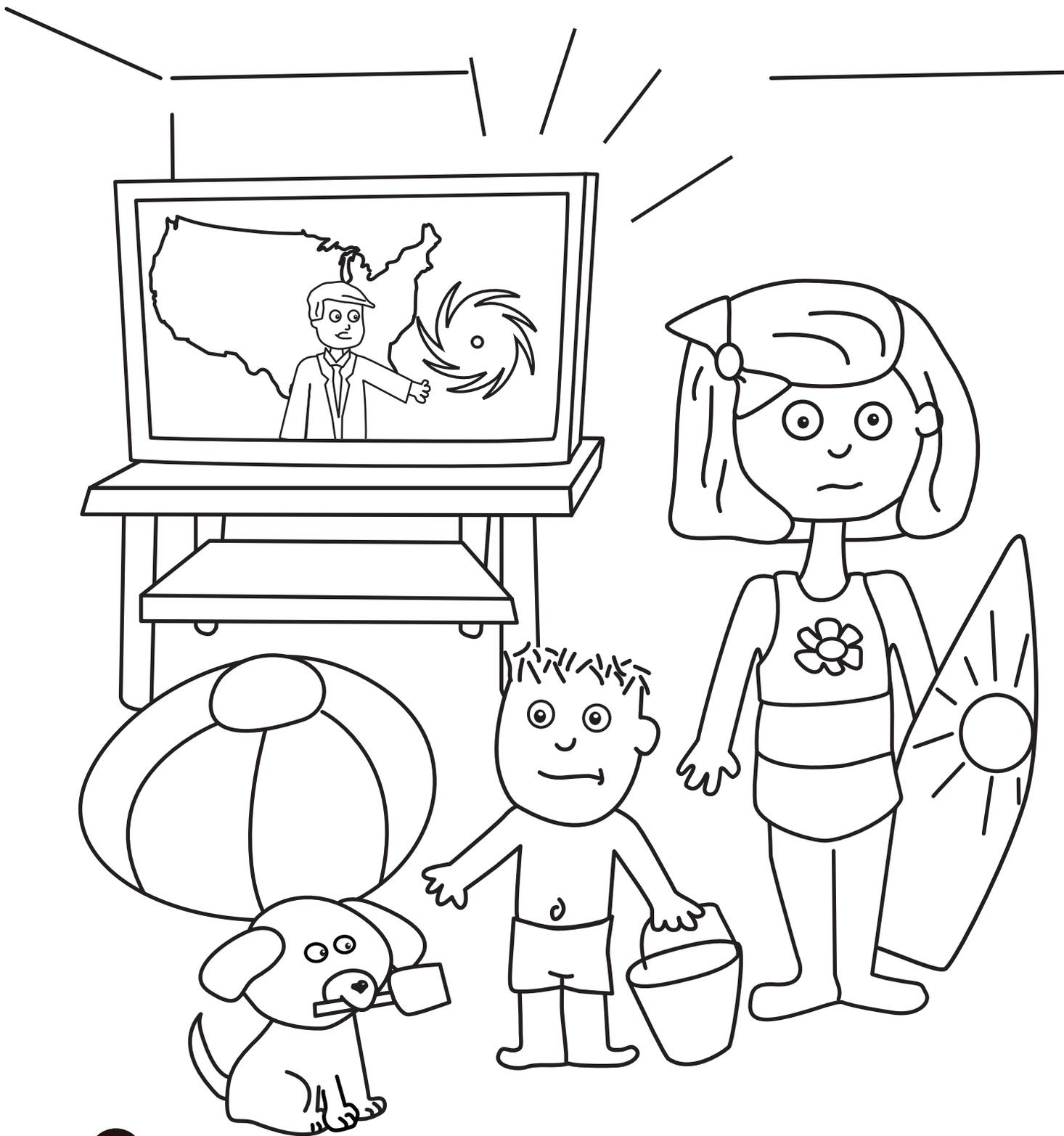
Pet Plan



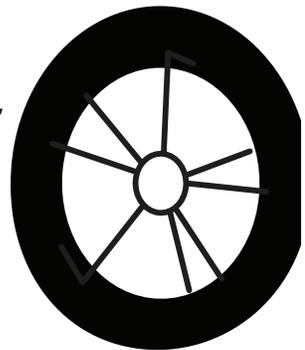
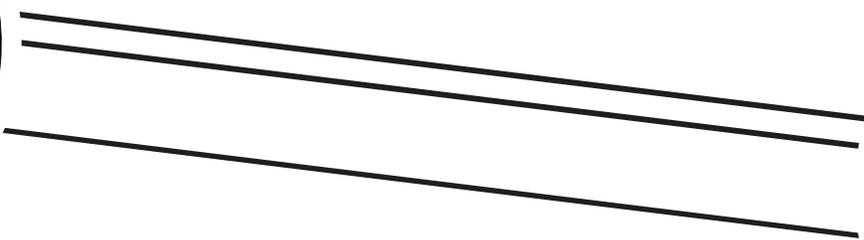
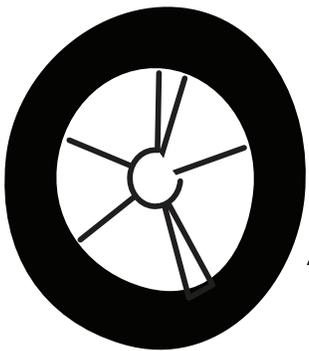
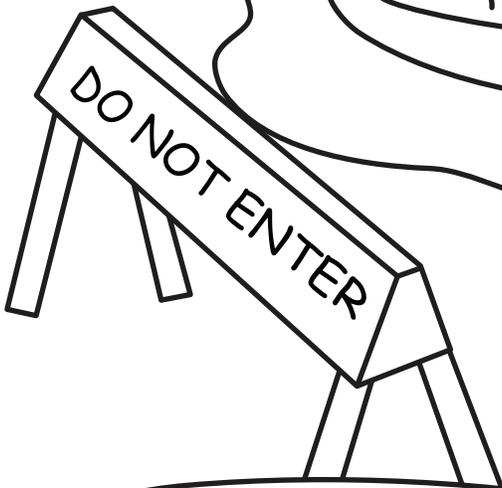
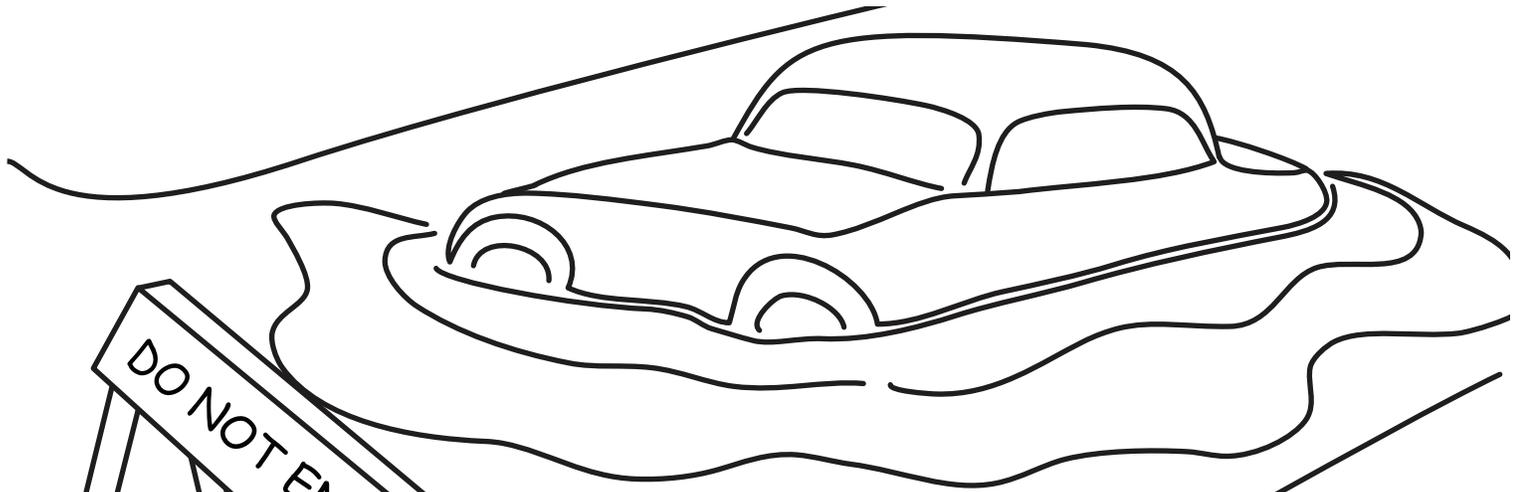
When there is a thunderstorm,  
play inside not outside.



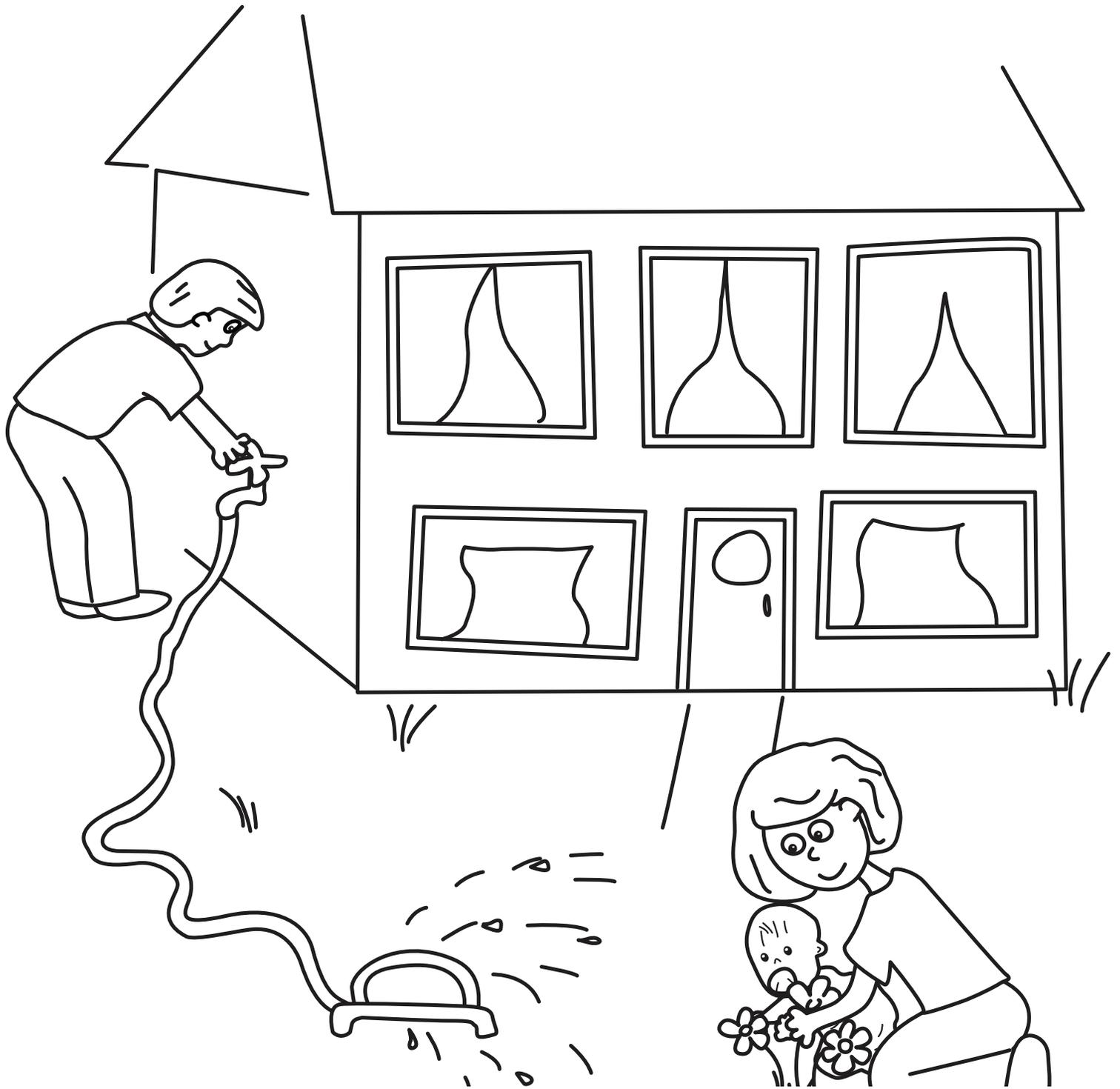
If a tornado is coming, go to a basement or an inside room on the lowest floor.



We can't go to the beach when a hurricane is coming! Hurricanes create strong winds, a lot of rain, and flooding.



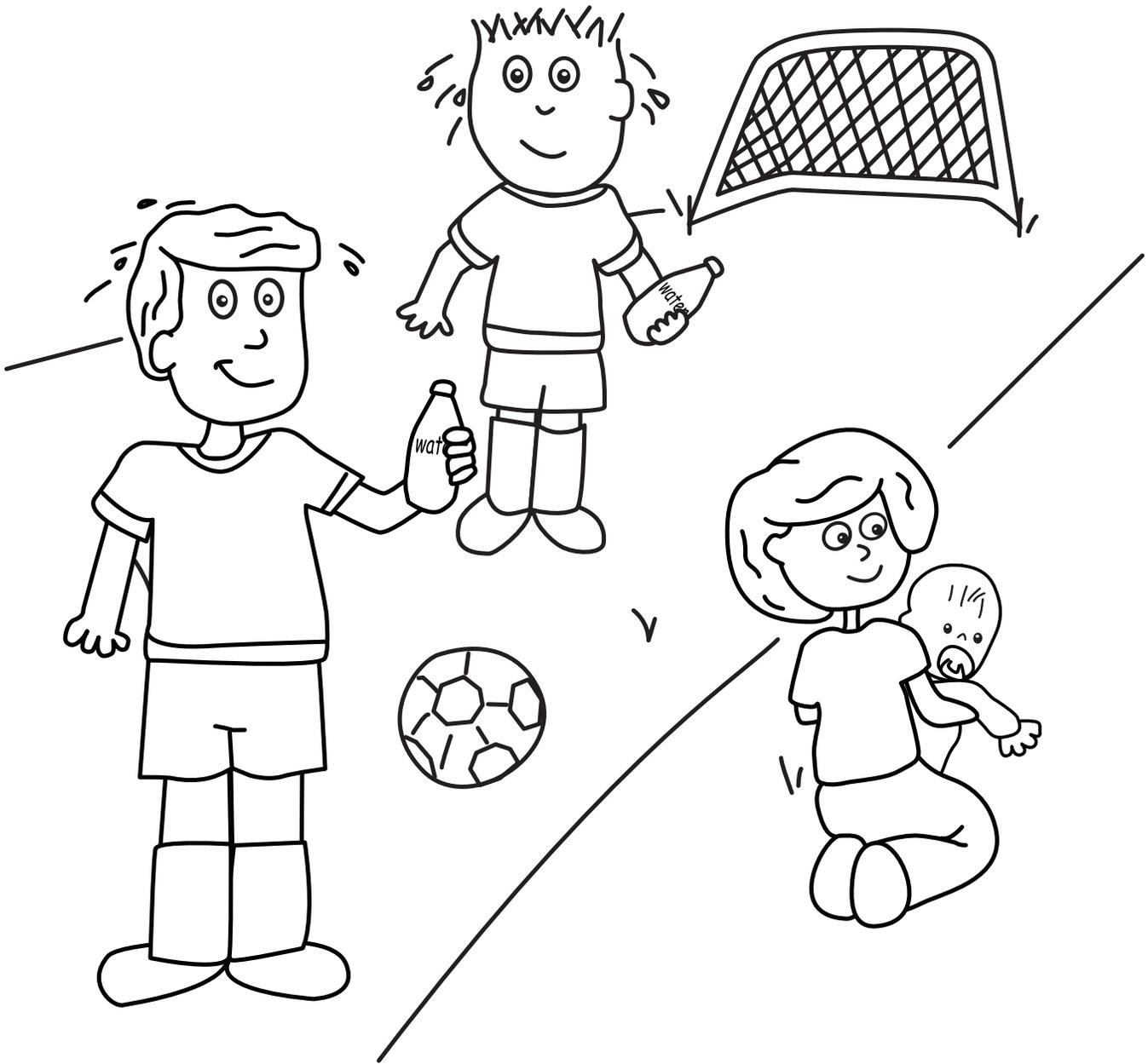
If you see a flooded road, turn around and don't drive through the water.



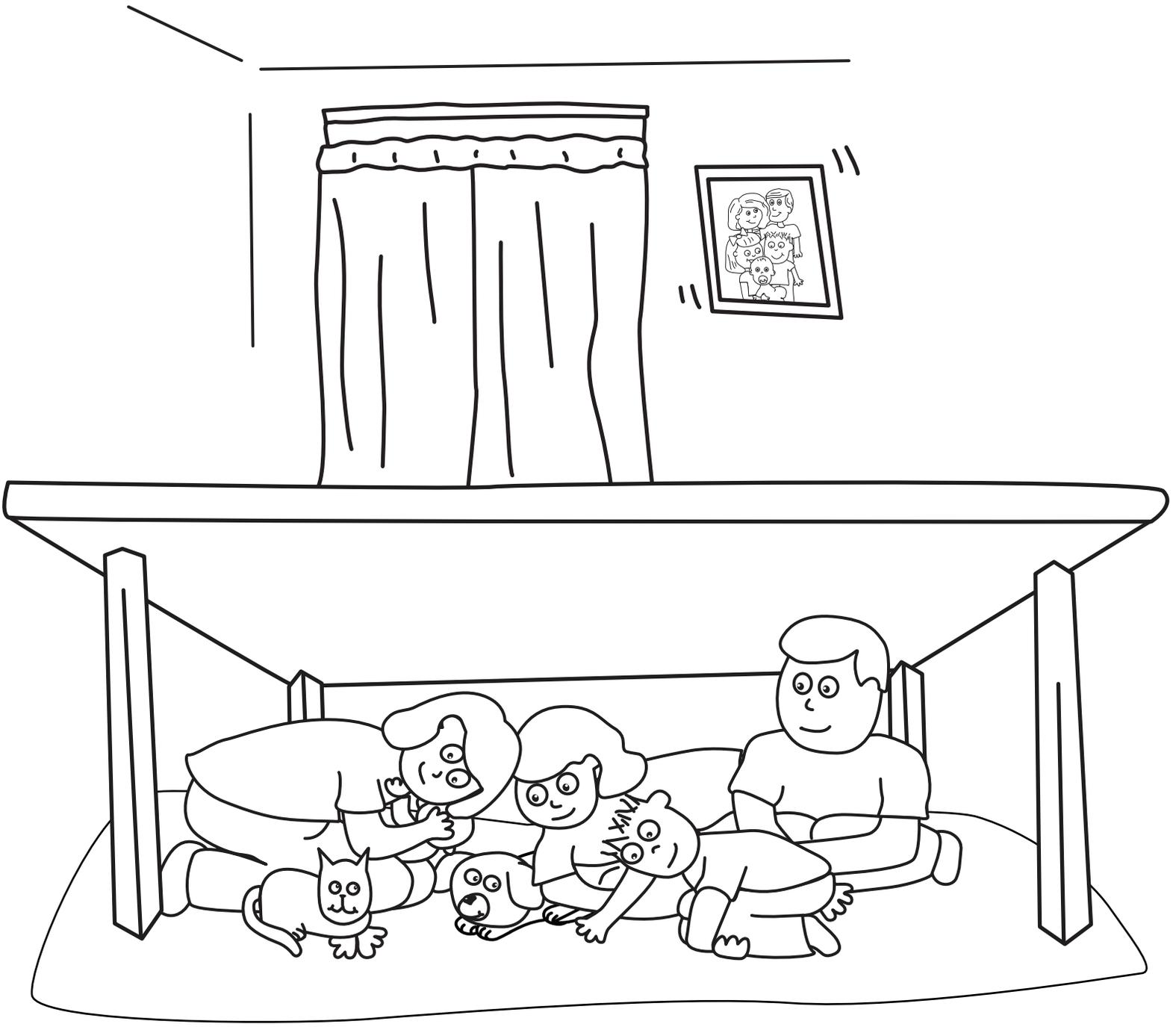
Droughts happen when we don't have enough rain. Sometimes, we have to use less water.



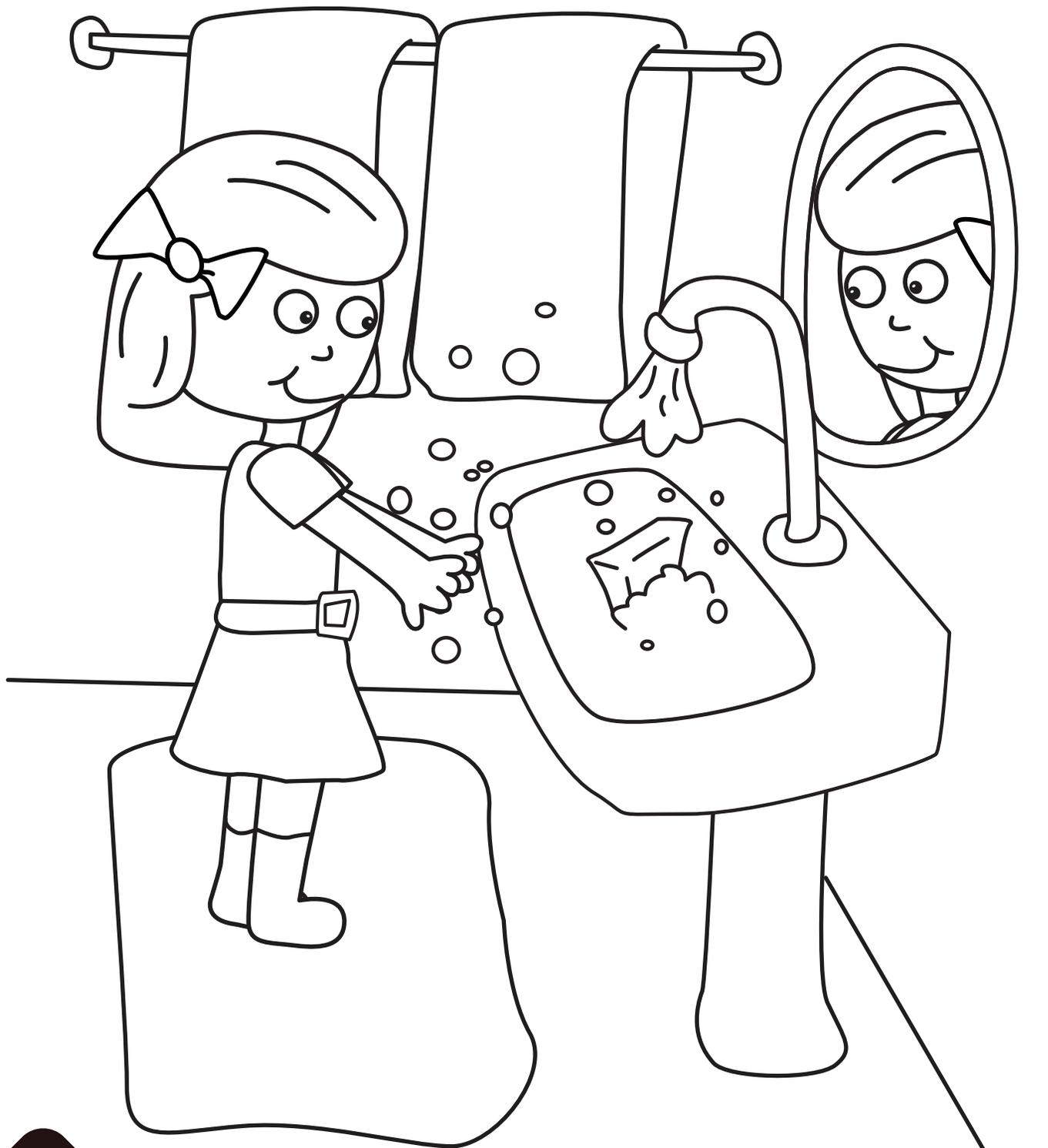
Bundle up and wear lots of layers if you play outside during a snow storm.



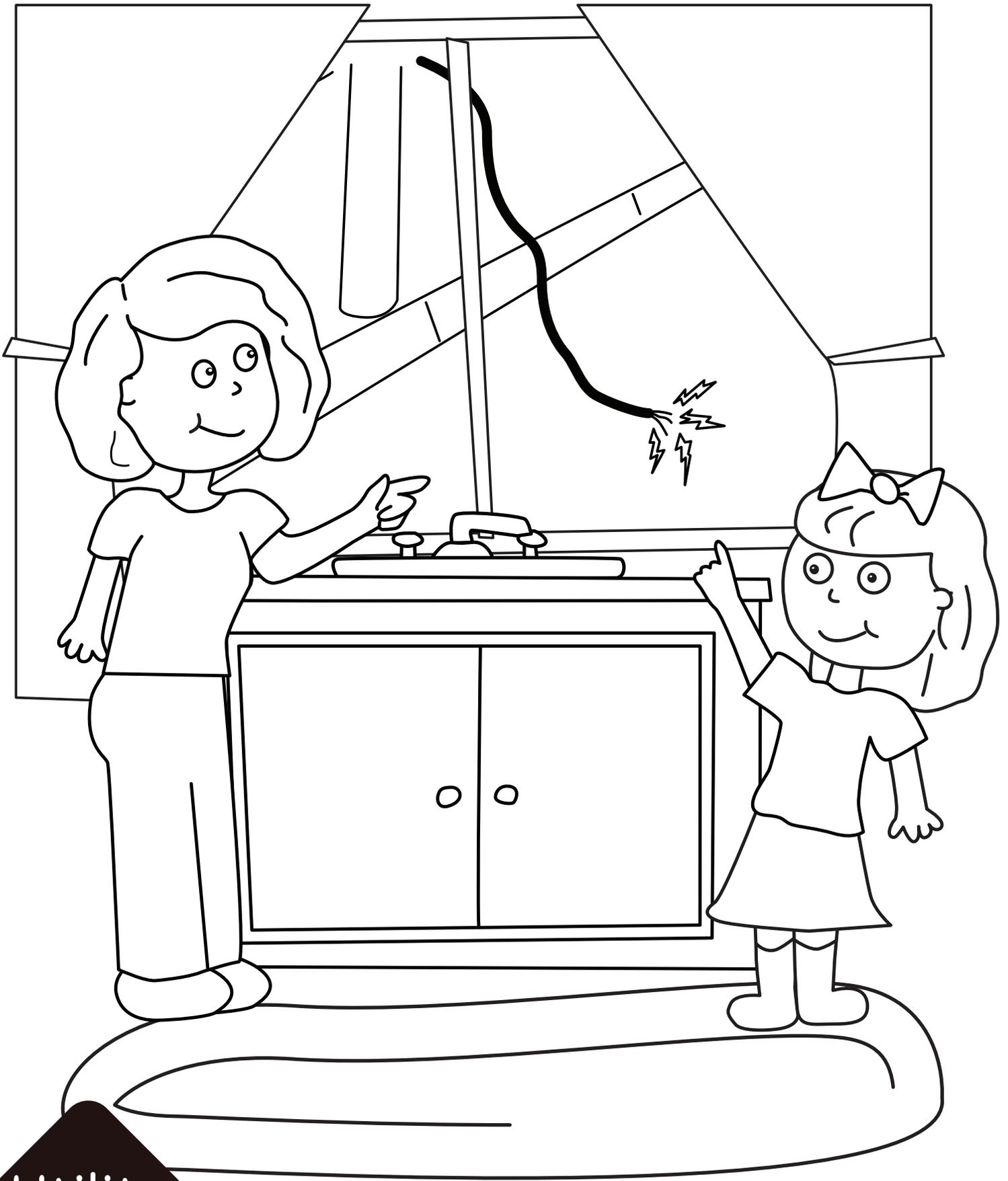
Drink lots of water if you play outside on very hot days.



If you feel the ground start to shake,  
take cover under a strong piece of furniture.



No one likes getting a cold or the flu.  
Remember to wash your hands often.

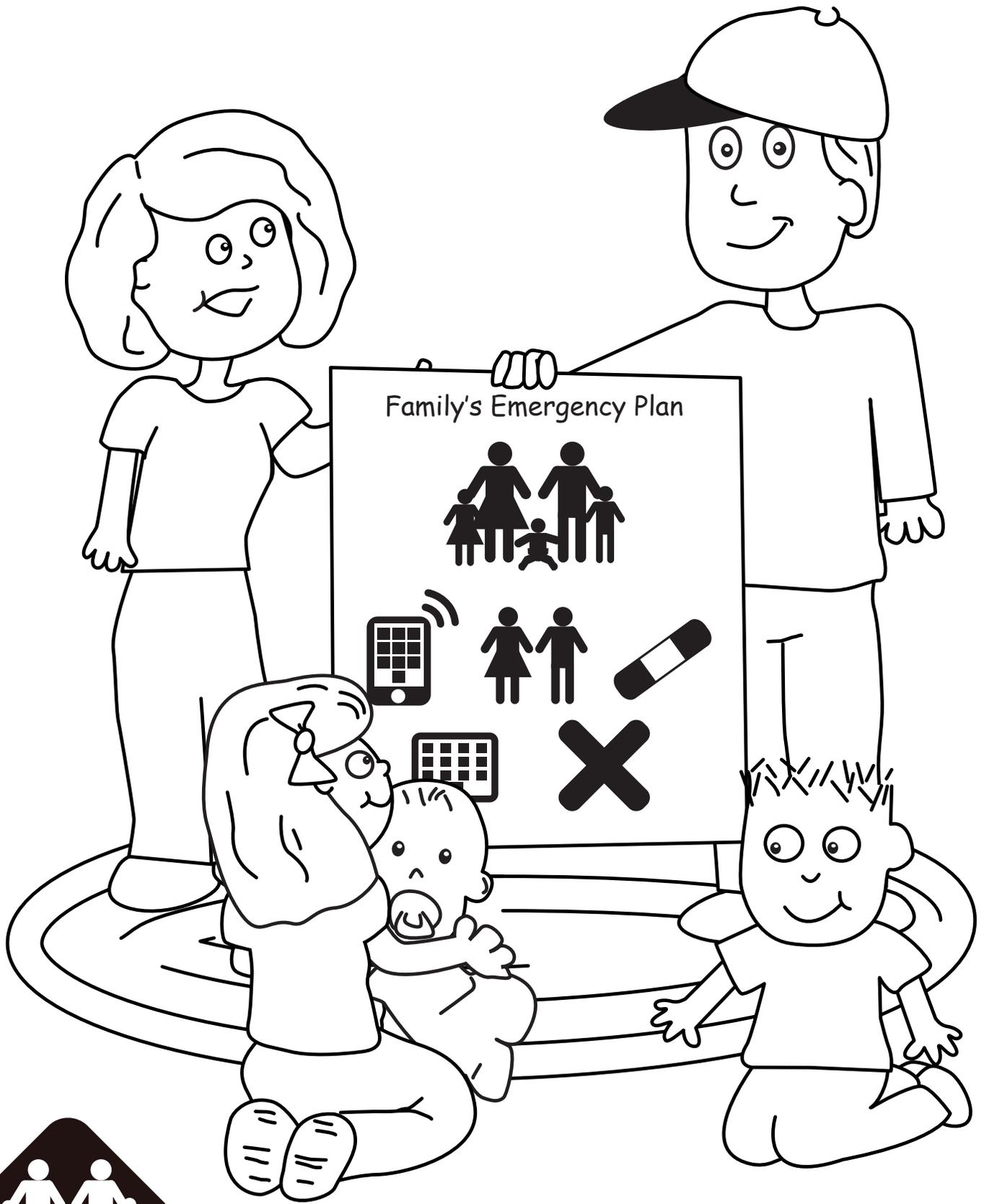


Utility

Never touch a downed power line.  
If you see a power line on the  
ground, tell an adult.



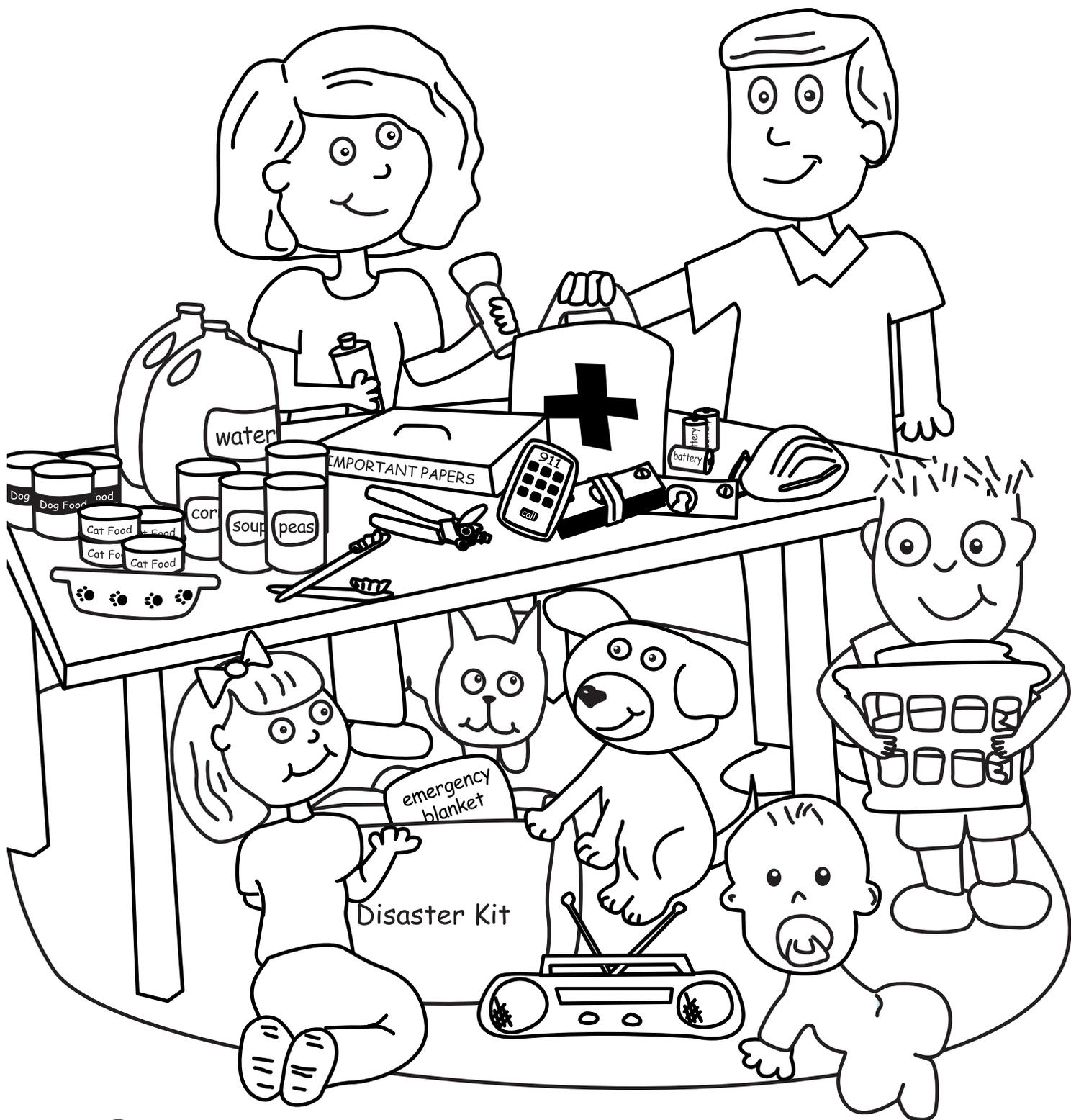
If there is a bad emergency and someone is hurt or there is a fire, call 911.



Family's Emergency Plan



Make a family plan.



Make a family kit!



# The \_\_\_\_\_ Family's Emergency Plan

Your Family's Last Name

Use this page to write down important contact information for your family members and keep track of the important people and places involved in your emergency plan.

Make copies of your family's emergency plan and share it with the important grown-ups in your child's life, such as your family members, your emergency contacts, teachers, key caregivers, or a special neighbor.

This information will help emergency workers care for your family in the event of an emergency

**1.** \_\_\_\_\_  
Family Member's Whole Name

\_\_\_\_\_  
Relationship (Mother, Father, Son, Daughter, etc.)      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Daytime Phone      Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Allergies/Important Health Information

**2.** \_\_\_\_\_  
Family Member's Whole Name

\_\_\_\_\_  
Relationship (Mother, Father, Son, Daughter, etc.)      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Daytime Phone      Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Allergies/Important Health Information

**3.** \_\_\_\_\_  
Family Member's Whole Name

\_\_\_\_\_  
Relationship (Mother, Father, Son, Daughter, etc.)      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Daytime Phone      Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Allergies/Important Health Information

**4.** \_\_\_\_\_  
Family Member's Whole Name

\_\_\_\_\_  
Relationship (Mother, Father, Son, Daughter, etc.)      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Daytime Phone      Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Allergies/Important Health Information



## Emergency Contacts

**1. Local Emergency Contact** - Call if you need help with a task in your area.

\_\_\_\_\_  
Whole Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Daytime Phone      Cell Phone

\_\_\_\_\_  
Work Phone

**2. Out-of-Town Contact** - Call to help keep track and connect your family members.

\_\_\_\_\_  
Whole Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Daytime Phone      Cell Phone

\_\_\_\_\_  
Work Phone



## Trusted Adults

If parents/guardians cannot be located, please contact the following people on behalf of the child.

1. \_\_\_\_\_  
Whole Name

\_\_\_\_\_

Relationship to Child (Aunt, Friend, Neighbor, etc.)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Email

\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone

2. \_\_\_\_\_  
Whole Name

\_\_\_\_\_

Relationship to Child (Aunt, Friend, Neighbor, etc.)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

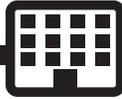
Email

\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone



## Schools and Workplaces

1. \_\_\_\_\_  
Child's Whole Name

\_\_\_\_\_

School/Child-Care Program

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Teacher/Child-Care Provider's Whole Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Work Phone

Evaluation location (in the event of an emergency the child will go here with the

2. \_\_\_\_\_  
Child's Whole Name

\_\_\_\_\_

School/Child-Care Program

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Teacher/Child-Care Provider's Whole Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Work Phone

teacher/child-care provider while waiting for a parent/guardian to arrive.

3. \_\_\_\_\_  
Parent/Guardian's Whole Name

\_\_\_\_\_

Workplace (or other Daytime Location)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Phone

\_\_\_\_\_

Evacuation Location

4. \_\_\_\_\_  
Parent/Guardian's Whole Name

\_\_\_\_\_

Workplace (or other Daytime Location)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Phone

\_\_\_\_\_

Evacuation Location

## Emergency Meeting Place

Meet here if you can't get home. Young children should not go to this place alone; they should stay with a caregiver and wait for their parent/guardian to arrive.

\_\_\_\_\_

Name of Location \_\_\_\_\_ Type of Establishment (Grocery Store, Bookstore, etc.)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Phone



## Doctor/Insurance Information

\_\_\_\_\_

Primary Care Physician

\_\_\_\_\_

Primary Care Physician's Phone Number

\_\_\_\_\_

Family Health Insurance Provider

\_\_\_\_\_

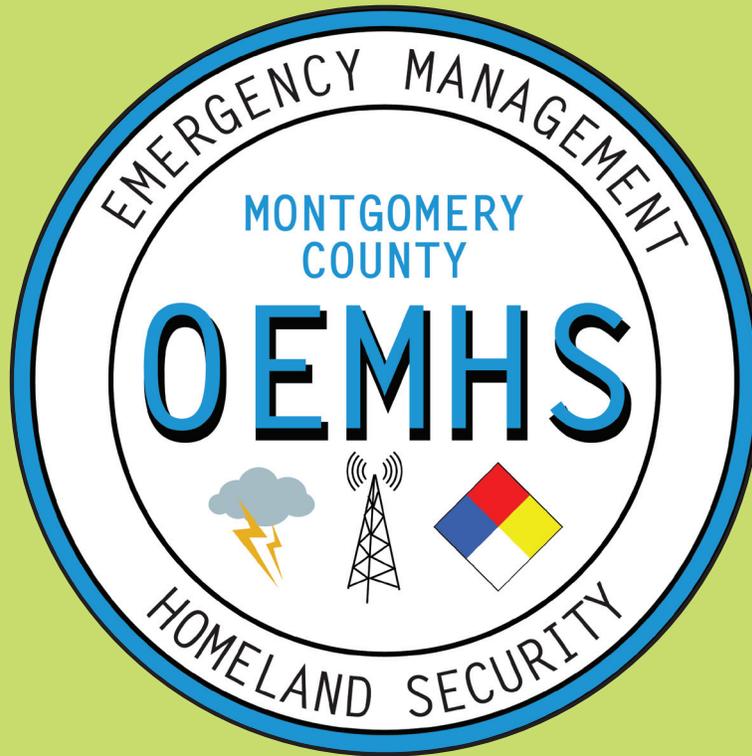
Health Insurance Provider's Phone Number

\_\_\_\_\_

Policy Number



Plan for your pets.



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