

# BR Ready Program

In case of Emergency call 911

**We want you to be ready!**  
Use this visual guide to check the contents of your emergency backpack.  
**BRemergency.org**

Check the items that you already have in your backpack

## Personal

- Water for 2 days
- Can opener
- Cutlery
- Food for 2 days including pet food
- Blanket
- Clothing for 2 days
- Valid ID
- Important documents



## Hygiene

- Face masks
- Hand sanitizer
- Soap
- Shampoo
- Toothbrush and toothpaste
- Napkins / tissue or wipes
- Toilet paper



## Health

- First Aid Kit
- All Medications



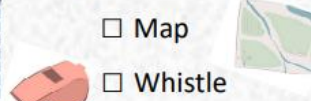
## Other

- Duct Tape
- Empty Bags



## Communication

- Map
- Whistle
- Phone with charger
- Radio with batteries
- Flashlight with batteries



Date revised:

B&R Emergency Training and Response Corp is a 501c3 non-profit organization registered in Texas. This is a guide to start getting your emergency backpack ready. Each person and family may have different needs; for that reason it is important to discuss the contents of your bag with other family members so it can be adjusted as needed. Kids should not have direct access to medications or potentially harmful objects without the supervision of a responsible adult. Visit our website [BRemergency.org](http://BRemergency.org).

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

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

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

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

Please use the information of a person that can be contacted in case you have an emergency; it could be a family member or a friend.

### Health Problems

List all your Health Problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Primary physician information

Name of your primary doctor: \_\_\_\_\_

Your primary doctor's phone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

### INCLUDE ALL THE MEDICINES THAT YOU TAKE

Name and strength of medicine

How much do you take?

When to take it

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Add additional paper if you need more space.

Keep a copy of this filled document in your phone.

