

## “My Home Disaster Prevention Memo”

Family members	Name (with furigana)	Date of birth	Age	Sex	Blood type	Currently being treated for any illnesses?	Medicine or food allergies
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
★ If you responded “Yes” to “Currently being treated for any illnesses?” or “medicine or food allergies,” please write the necessary information in the “Remarks” space.							
Pets	Name	Type of animal and breed	Sex	Characteristics	Dog registration	Rabies vaccination	
					Yes / No	Complete/Incomplete	
					Yes / No	Complete/Incomplete	
					Yes / No	Complete/Incomplete	
					Yes / No	Complete/Incomplete	
Where to Call in an Emergency	Note: Decide beforehand on an emergency telephone number to register with Disaster Emergency Message Dial 171.						
Evacuation site	Temporary evacuation area: Evacuation area: Evacuation shelter:						
Voluntary disaster prevention organization (town council name)							
Essential items to keep in your emergency backpack  Note: Try to think of items you would need when mountain climbing or camping.	Valuables	<input type="checkbox"/> Cash (including small change) <input type="checkbox"/> Savings account bankbook <input type="checkbox"/> Health insurance card <input type="checkbox"/> Driver's license					
	Evacuation equipment	<input type="checkbox"/> Flashlight <input type="checkbox"/> Helmet <input type="checkbox"/> Whistle <input type="checkbox"/> Backpack					
	Medications	<input type="checkbox"/> Adhesive plasters, antiseptic solution, bandages, etc. <input type="checkbox"/> Copy of prescription medications (medicine handbook) <input type="checkbox"/> Household medicines					
	Hygiene items	<input type="checkbox"/> Portable toilet <input type="checkbox"/> Toilet paper <input type="checkbox"/> Wet tissues <input type="checkbox"/> Sanitary items					
	Living supplies	<input type="checkbox"/> Mobile phone/battery charger <input type="checkbox"/> Portable radio <input type="checkbox"/> Batteries <input type="checkbox"/> Eyeglasses/contact lenses <input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Lighter (matches) <input type="checkbox"/> Multipurpose knife <input type="checkbox"/> Plastic bags/vinyl bags <input type="checkbox"/> Newspapers <input type="checkbox"/> Photo of pets					
	Clothes	<input type="checkbox"/> Change of clothes <input type="checkbox"/> Rainwear/warm clothing <input type="checkbox"/> Disposable diapers <input type="checkbox"/> Towels					
	Food	<input type="checkbox"/> Emergency food <input type="checkbox"/> Drinking Water <input type="checkbox"/> Hypoallergenic food <input type="checkbox"/> Baby formula <input type="checkbox"/> Pet food					
Remarks	★ If you responded “Yes” to “Currently being treated for any illnesses?” please write the name of the illness, the hospital name, the medications used, and precautionary notes. ★ If you responded “Yes” to “Medicine or food allergies,” please write the name of the medicine or food used, and any precautionary notes.						