



YOUR REDIPLAN

_____ 'S RediPlan.

MY EMERGENCY INFORMATION

Name of household member	Medicare number	Centrelink number	Passport number	Tax file number	Driver Licence number	Car registration

MY IMPORTANT NUMBERS

	Name	Relationship	Phone	Address
Member of support network				
Member of support network				
Member of support network				
Out-of-town contact #1				
Out-of-town contact #2				
Other:				

Your Emergency
RediPlan

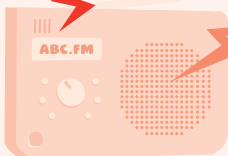
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MY IMPORTANT SERVICES

	Company	Account number	Contact details
Electricity			
Gas			
Water			
Internet			
Phone			
Roadside assistance			
Other:			

abc.net.au



MY LOCAL ABC FREQUENCY: _____

MY AGREED MEETING PLACE: _____

MY ALTERNATIVE PLACE TO STAY IN AN EMERGENCY

Name	Phone	Address



See **Step 2** for more information about staying connected during an emergency, including identifying an out-of-town contact, an agreed meeting place, and an alternative place to stay in an emergency.

MY MEDICAL PLAN

Medical support list	Name	Phone	Out of hours contact	Address
Doctor				
Local hospital with 24-hour emergency				
Chemist				
Optometrist				
Dentist				
Other:				

MEDICAL CONDITIONS

	Y	N	Plan to manage condition during and after an emergency
Heart disease			
Diabetes			
Asthma			
Migraines			
Fainting spells			
Anxiety			
Epilepsy			
High blood pressure			
Thyroid problems			
Dizziness			
Other:			



Consider getting a medical alert system that can easily call for help if you are immobilised in an emergency. Most alert systems require a working phone line, so have a back-up plan, such as a mobile phone or pager, in case landlines are disrupted.



Current medications

Write down below any medication you are currently taking.

Remember to attach copies of concession cards, health insurance cards and prescriptions to this plan. You may also want to identify where you keep the medication in your home in case you have to evacuate quickly or someone needs to get it for you.

CURRENT MEDICATIONS

Medical condition	Medication	Dosage	Times taken	Prescribing doctor (include contact details)	Location of medication in the home

MEDICAL AIDS

	Y	N	Details	Plan to manage equipment in the case of an emergency
Do you use any equipment to assist you				
Style and serial numbers of medical devices				
Allergies and/or sensitivities (food, medication etc)				
Blood type				



Plan to have all the things you'd need with you for a week or two. This includes any medications you take regularly or specialised equipment (wheelchair, glasses, hearing aid) and supplies (patch kit for a wheelchair tyre or extra batteries). See **Step 4** for more information about packing a survival and recovery kit.

DISABILITY

	Y	How my disability might affect my ability to respond to an emergency	Support plan
Intellectual			
Learning			
Speech-related			
Sensory			
Physical			
Neurological			
Other:			

MY WILL

	Solicitor/s	Address	Phone
Location of my Will			

MY POWER OF ATTORNEY:

MY INSURANCE

	Insurer	Contact details	Policy number
Home and contents			
Health			
Car			
Life			
Income protection			
Business			



Consider your particular needs and how your support network might best assist you during an emergency. If you require help to evacuate, include written instructions and ensure your support network is aware of your plan. For example, “I am diabetic. Please take my insulin from the refrigerator”, “My service animal may legally remain with me”.

MY IMPORTANT ITEMS LIST AND PLAN

Item	Location	Plan for protection

See **Step 3** for more information about how to identify and protect important items.

MY ANIMAL PLAN

Animal name	Breed	Microchip number	Vet/Kennel contact details	Emergency safe place	Equipment required	Plan



In planning for emergencies you'll also need to think about your pets and animals and what they would need over the course of a week or more, including food, identification, medication, transport and accommodation.



MY IMPORTANT NUMBERS

EMERGENCIES

Police Fire Ambulance	000
SES	132 500
Poisons Info Line	13 11 26
Lifeline	13 11 14
BeyondBlue	1300 22 46 36

MY IMPORTANT CONTACTS

Doctor		Home Care Agency	
Dentist		Local Radio Frequencies ABC	
Vet		Local Radio Frequencies Other	
Solicitor		Out-of-Town Contact	
Council		Power of Attorney	
Gas		Insurer	
Telco		Bank	
Power		Roadside Assistance	
Water			

Your Emergency
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MY IMPORTANT NUMBERS

MY HOUSEHOLD NUMBERS

Name	Work	School	Mobile

MY NEIGHBOURS / PERSONAL CARE NETWORK NUMBERS

Name	Work	Mobile

OTHER IMPORTANT NUMBERS

Name	Work	Mobile



Tip:

Store these numbers in your phone and take a picture of the card so you will have all your important details available in one place. You may also want to send a copy to friends or relatives to have on file in case of an emergency.