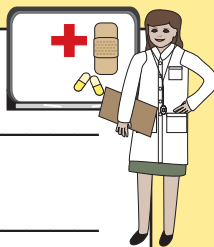


PERSONAL SAFETY

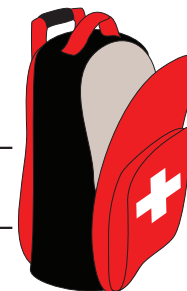
I am _____

My meds _____

Important things I use _____



My kit is located:



911

Regional Center

NAME _____

EMERGENCY INFORMATION



Radio _____



TV _____



My Neighbor

NAME _____



Friend/Family

NAME _____

SAFE AT HOME

COMMUNITY RESOURCES

PEOPLE WHO CARE



Use Indelible Marker