Keep this information with you in case of an emergency. You, a medical professional or a support person may need to access it quickly. Name: Medications: **Health Conditions:** Allergies: Who can I call for help and support? Name: Name: Phone: Phone: Address: Address: Where can I go if it is too hot at home? Place: Place: Address: Address: Directions/transport: **Local crisis hotline:**

Heat preparedness plan: Personal and emergency information