



# Family Emergency Plan

Prepare. Plan. Stay Informed.



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

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

Out-of-Neighborhood Meeting Place: \_\_\_\_\_

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

Out-of-Town Meeting Place: \_\_\_\_\_

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

Fill out the following information for each family member and keep it up to date.

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

### Work Location One

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

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

Evacuation Location: \_\_\_\_\_

### School Location One

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

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

Evacuation Location: \_\_\_\_\_

### Work Location Two

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

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

Evacuation Location: \_\_\_\_\_

### School Location Two

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

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

Evacuation Location: \_\_\_\_\_

### Work Location Three

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

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

Evacuation Location: \_\_\_\_\_

### School Location Three

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

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

Evacuation Location: \_\_\_\_\_

### Other place you frequent

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

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

Evacuation Location: \_\_\_\_\_

### Other place you frequent

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

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

Evacuation Location: \_\_\_\_\_

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Dial 911 for Emergencies