



Prepare. Plan. Stay Informed.

Family Emergency Plan



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: _____

Telephone Number: _____

Email: _____

Neighborhood Meeting Place: _____

Telephone Number: _____

Regional Meeting Place: _____

Telephone Number: _____

Evacuation Location: _____

Telephone Number: _____

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: _____

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Date of Birth: _____

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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 Number: _____

Evacuation Location: _____

School Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

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

Ready

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Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

Blank lined area for notes.

Blank lined area for notes.

ADDITIONAL INFORMATION:

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Family Emergency Plan

EMERGENCY CONTACT NAME: _____
 TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
 TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

DIAL 911 FOR EMERGENCIES

Family Emergency Plan

EMERGENCY CONTACT NAME: _____
 TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
 TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

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OTHER IMPORTANT INFORMATION: _____

Ready

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 TELEPHONE: _____

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 TELEPHONE: _____

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 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

Ready

DIAL 911 FOR EMERGENCIES