



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

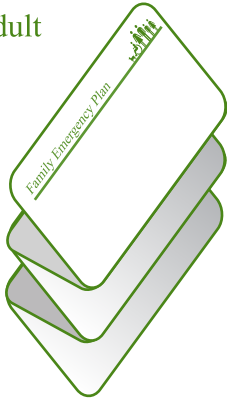
Address: _____

Phone: _____

Evacuation Location: _____

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

Adult



Family Emergency Plan



Personal ID

Name: _____ DOB: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____

Special Needs, Medical Conditions, Allergies, Important Information:

Ready

< FOLD HERE >

Work

Business Name: _____
 Address: _____ State: _____ Zip: _____
 Office Phone: _____
 Point of Contact or Special Instructions: _____

Work Emergency Plan: _____

< FOLD HERE >

Children

Name: _____ DOB: _____ Sex: _____
 Identifying Characteristics: _____
 School/Daycare: _____ Address: _____
 School Phone: _____ Cell Phone: _____
 Name: _____ DOB: _____ Sex: _____
 Identifying Characteristics: _____
 School/Daycare: _____ Address: _____
 School Phone: _____ Cell Phone: _____
 Name: _____ DOB: _____ Sex: _____
 Identifying Characteristics: _____
 School/Daycare: _____ Address: _____
 School Phone: _____ Cell Phone: _____

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Neighborhood Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

Out of Neighborhood Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

Out of Town Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

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Important Numbers or Information

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Type: _____ Age: _____ **Pets**
 Name: _____ Type: _____ Age: _____
 Veterinarian Phone: _____

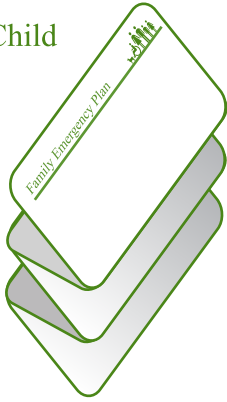
DIAL 911 FOR EMERGENCIES



Place additional information on the reverse side as needed.

Ready

Child



Family Emergency Plan



Personal ID

Name: _____ DOB: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____

Special Needs, Medical Conditions, Allergies, Important Information:

Ready ✓

< FOLD HERE >

School / Daycare

School Name: _____
 Address: _____ State: _____ Zip: _____
 Office Phone: _____
 Point of Contact or Special Instructions: _____

 School Emergency Plan: _____

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Parent / Guardian / Care Giver

Name: _____ Home Phone: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Work Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____
 Identifying Characteristics: _____
 Name: _____ Home Phone: _____
 Address 1: _____ State: _____ Zip: _____
 Address 2: _____ State: _____ Zip: _____
 Work Phone: _____ E-mail: _____
 Cell Phone: _____ Other E-mail: _____
 Identifying Characteristics: _____

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Neighborhood Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

Out of Neighborhood Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

Out of Town Emergency Meeting Place

Name: _____
 Address: _____ State: _____ Zip: _____ Phone: _____
 Point of Contact or Special Instructions: _____

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Important Numbers or Information

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Type: _____ Age: _____ **Pets**
 Name: _____ Type: _____ Age: _____
 Veterinarian Phone: _____

DIAL 911 FOR EMERGENCIES

Place additional Information on the reverse side as needed.





Prepare. Plan. Stay Informed.

Family Emergency Plan



ADDITIONAL FAMILY MEMBERS INFORMATION

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
Date of Birth: _____

Name: _____
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Date of Birth: _____

Name: _____
Date of Birth: _____

Social Security Number: _____
Important Medical Information: _____

Social Security Number: _____
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