



# 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: \_\_\_\_\_

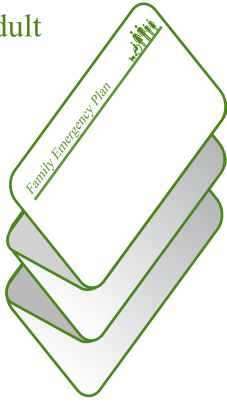
Phone: \_\_\_\_\_

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

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

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Work

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Point of Contact or Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Work Emergency Plan:  
 \_\_\_\_\_  
 \_\_\_\_\_

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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: \_\_\_\_\_  
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 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_ **Pets**  
 Name: \_\_\_\_\_ Type: \_\_\_\_\_ Age: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_

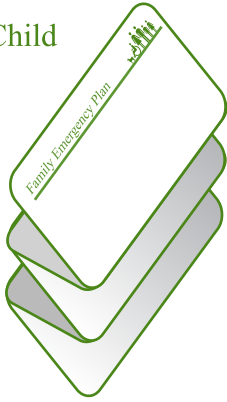
DIAL 911 FOR EMERGENCIES



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 ✓

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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: \_\_\_\_\_  
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 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: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

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