



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

Telephone Number: \_\_\_\_\_

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: \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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: \_\_\_\_\_

## School Location One

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

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

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

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

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

## Work Location Two

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

## School Location Two

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

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

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

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

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

## Work Location Three

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

## School Location Three

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

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

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

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

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

## Other place you frequent

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

## Other place you frequent

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

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

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

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

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

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