

Out-of-Town Contact Name:

E-mail:

Phone Number:

Evacuation Location:



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 essentials kit or another safe place where you can access it in the event of a disaster.

Telephone Number:

| E-IIIdii. | | Cell Phone Number: | |
|---|--|--|--|
| Local Contact Name: E-mail: | | Telephone Number: Cell Phone Number: | |
| Neighborhood Meeting Place Out-of-Town Meeting Place: | 9; - | Telephone Number: Telephone Number: | |
| Fill out the following info | rmation for each family member and kee | n it un to date | |
| Name: Important Medical Information | Date of Birth: | p it up to date. | Social Security Number: |
| Name: Important Medical Information | Date of Birth: | | Social Security Number: |
| Name: Important Medical Information | Date of Birth: | | Social Security Number: |
| Name: Important Medical Information | Date of Birth: | | Social Security Number: |
| Name: Important Medical Information | Date of Birth: | | Social Security Number: |
| Name: Important Medical Informatio | Date of Birth: n: | | Social Security Number: |
| Write down where your family apartment buildings should a | y spends the most time: work, school and othe Ill have site-specific emergency plans that you a | r places you frequent. So and your family need to k | chools, daycare providers, workplaces and now about. |
| Work Location One Address: | | School Location One Address: | |
| Phone Number: Evacuation Location: | | Phone Number: Evacuation Location: | |
| Work Location Two Address: | | School Location Two Address: | |
| Phone Number: Evacuation Location: | | Phone Number: Evacuation Location: | |
| Other place you frequent Address: | | Other place you frequ | ent |

| Important Information | Name | Telephone Number | Policy Number |
|--------------------------------|------|------------------|---------------|
| Octor(s): | | | 1 oney Number |
| ther: | | | |
| harmacist: | | | |
| fedical Insurance: | | | |
| omeowners/Rental Insurance: | | | |
| | | | |
| eterinarian/Kennel (for pets): | | | |

Address:

Phone Number:

Evacuation Location:

Home Layout

| | r the residence: | Areas of danger or high risk near the residence: | _ |
|--|------------------|--|---|
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