


Ready

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: 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:

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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 School Location One

Address: Address:

Phone Number: Phone Number:

Evacuation Location: Evacuation Location:

Work Location Two School Location Two

Address: Address:

Phone Number: Phone Number:

Evacuation Location: Evacuation Location:

Work Location Three School Location Three

Address: Address:

Phone Number: Phone Number:

Evacuation Location: Evacuation Location:

Other place you frequent Other place you frequent

Address: 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):			

Dial 911 for Emergencies

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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.

Additional Important Phone Numbers & Information:

Family Emergency Plan 


EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

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


NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

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