

FAMILY EMERGENCY PLAN



Prepare. Plan. Stay Informed. ©

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: _____	
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: _____
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 Number: _____ Evacuation Location: _____	School Location One Address: _____ Phone Number: _____ Evacuation Location: _____
Work Location Two Address: _____ Phone Number: _____ Evacuation Location: _____	School Location Two Address: _____ Phone Number: _____ Evacuation Location: _____
Work Location Three Address: _____ Phone Number: _____ Evacuation Location: _____	School Location Three Address: _____ Phone Number: _____ Evacuation Location: _____
Other place you frequent Address: _____ Phone Number: _____ Evacuation Location: _____	Other place you frequent Address: _____ Phone Number: _____ 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



Family Emergency Plan



Prepare. Plan. Stay Informed.

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 

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 

< FOLD HERE >

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 

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 

< FOLD HERE >