Ready

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: 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:

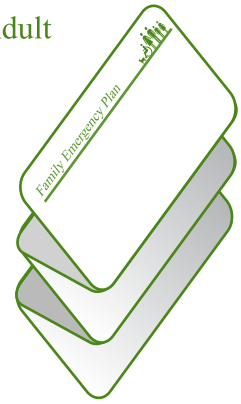
Other place you frequent
Address:
Phone:
Evacuation Location:

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

< FOLD HERE >

Work

Business Name:

Address: State: Zip:

Office Phone:

Point of Contact or Special Instructions:

Work Emergency Plan:

< FOLD HERE >

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:

< FOLD HERE >

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:

< FOLD HERE >

Important Numbers or Information

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Pets

Name: Type: Age:

Name: Type: Age:

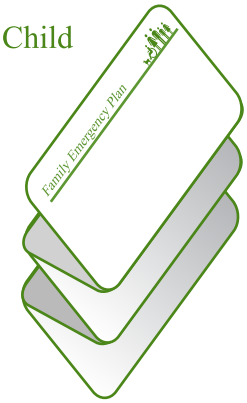
Veterinarian Phone:

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

< FOLD HERE >

School / Daycare

School Name:
Address: State: Zip:
Office Phone:
Point of Contact or Special Instructions:

School Emergency Plan:

< FOLD HERE >

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:

< FOLD HERE >

Name: **Neighborhood Emergency Meeting Place**
Address: State: Zip: Phone:
Point of Contact or Special Instructions:

Name: **Out of Neighborhood Emergency Meeting Place**
Address: State: Zip: Phone:
Point of Contact or Special Instructions:

Name: **Out of Town Emergency Meeting Place**
Address: State: Zip: Phone:
Point of Contact or Special Instructions:

< FOLD HERE >

Important Numbers or Information

Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:
Name: Phone:
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.

Ready

Ready

Prepare. Plan. Stay Informed.

Family Emergency Plan

ADDITIONAL FAMILY MEMBERS 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: _____

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: _____

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: _____

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: _____