

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 wil 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.

Neighborhood Meeting Place:	Phone:		
Out-of-Neighborhood Meeting Place:	Phone:		
Out-of-Town Meeting Place:	Phone:		
Fill out the following information for each family mem	nber and keep it up to date.		
Name:	Social Security Number:		
Date of Birth:			
Name:	Social Security Number:		
Date of Birth:	Important Medical Information:		
Name:			
Date of Birth:	Important Medical Information:		
Name: Date of Birth:	The state of the s		
Name:	Important Medical Information:		
Name: Date of Birth:	Social Security Number: Important Medical Information:		
No. 1 and 1			
Name: Date of Birth:			
and apartment buildings should all have site-specific emer Work Location One Address:	, school and other places you frequent. Schools, daycare providers, workplaces rgency plans that you and your family need to know about. School Location One Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Location:		
Work Location Two Address:	School Location Two Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Location:		
Work Location Three Address:	School Location Three		
Address: Phone:			
Evacuation Location:			
Other place you frequent Address:	Other place you frequent Address:		
Phone:	Phone:		
Evacuation Location:	Evacuation Location:		
Name	Telephone Number Policy Number		
Name	Telephone Number Policy Number		



Family Emergency Plan





Prepare. Plan. Stay Informed.

Make sure your family has a plan in case your family to make sure they know who t	of an en o call an	nergency. Fi nd where to r	Il out these cards and give one to	each member o
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Family Emergency Plan EMERGENCY CONTACT NAME: TELEPHONE:	VIII	<fold></fold>	Family Emergency Plan EMERGENCY CONTACT NAME: TELEPHONE:	AOGMI JANOITIQUA
OUT-OF-TOWN CONTACT NAME: TELEPHONE: NEIGHBORHOOD MEETING PLACE: TELEPHONE: OTHER IMPORTANT INFORMATION:			OUT-OF-TOWN CONTACT NAME: TELEPHONE: NEIGHBORHOOD MEETING PLACE: TELEPHONE: OTHER IMPORTANT INFORMATION:	
DIAL 911 FOR EMERGENCIES	ady.		DIAL 911 FOR EMERGENCIES	Ready.
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EMERGENCY CONTACT NAME: TELEPHONE:			EMERGENCY CONTACT NAME: TELEPHONE:	
OUT-OF-TOWN CONTACT NAME: TELEPHONE:			OUT-OF-TOWN CONTACT NAME: TELEPHONE:	
NEIGHBORHOOD MEETING PLACE: TELEPHONE:			NEIGHBORHOOD MEETING PLACE: TELEPHONE:	
OTHER IMPORTANT INFORMATION:		 	OTHER IMPORTANT INFORMATION:	
DIAL 911 FOR EMERGENCIES	ady.		DIAL 911 FOR EMERGENCIES	Ready.